



2000
DATA
COMPENDIUM

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HEALTH CARE FINANCING ADMINISTRATION

**U.S. Department of Health and
Human Services**

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The Health Care Financing Administration (HCFA) is responsible for administration of the Medicare, Medicaid and State Children's Health Insurance Program (SCHIP). Our payments and program policies have significant and far-reaching effects on beneficiaries, providers, and payers. Understanding these effects and their causes is essential to the planning and implementation of changes to the health care delivery system.

The Data Compendium contains historic, current and projected data on Medicare enrollment and on Medicaid and SCHIP recipients, expenditures and utilization. Data pertaining to budget, administrative/operating costs, individual income, financing, and health care providers/suppliers are also included. National data not specific to the Medicare, Medicaid, and SCHIP programs may be found throughout the publication.

This compendium has been prepared for several years for HCFA's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It is compiled by the Systems, Technical and Analytic Resources Group, Office of Strategic Planning with major contributions from the various Offices in HCFA. Data supplied by professional organizations and other Federal agencies are gratefully acknowledged.

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I. BUDGET OVERVIEW

Information about the Federal, DHHS and HCFA budgets.

HIGHLIGHTS

- o Medicare benefit payments are expected to increase by 6.1 percent from 1999 to 2000 and by 5.5 percent from 2000 to 2001.*
- o Federal and State Medicaid medical assistance payments are expected to increase by 7.3 percent from 1999 to 2000 and by 7.2 percent from 2000 to 2001.*
- o Program benefit payments for Medicare and Medicaid combined are expected to increase by 6.6 percent from 1999 to 2000 and by 6.3 percent from 2000 to 2001.*

HCFA Disbursements

Fiscal Years 1999 - 2001

| | | 2000 | 2001 | |
|--|--------|---------|---------|----------|
| | 1999 | Current | Current | Proposed |
| | Actual | Law | Law | Law |

Amount in millions

HCFA Budget Outlays

| | | | | |
|--|-----------|-----------|-----------|-----------|
| Medicare Benefit Payments | \$208,258 | \$221,022 | \$233,103 | \$239,588 |
| Medicaid Medical Assistance Payments ¹ | 102,565 | 110,522 | 118,475 | 119,443 |
| State and Local Administration/Training | 5,478 | 6,341 | 7,259 | 7,259 |
| Medicare Part B Transfer to Medicaid ² | 0 | 50 | 60 | 60 |
| State Children's Health Insurance Program (Title XXI) | 565 | 1,341 | 1,895 | 2,107 |
| HCFA Program Management | 1,809 | 1,983 | 2,064 | 1,844 |
| HMO Application/Sale of Data Fees | 1 | 2 | 2 | 2 |
| CLIA User Fees | 25 | 37 | 39 | 39 |
| Medicare + Choice User Fees | 68 | 95 | 19 | 150 |
| Nursing Home Patient Abuse Registry User Fee | - | - | - | 4 |
| Other Program Management User Fees | - | - | - | 220 |
| Peer Review Organizations | 213 | 485 | 422 | 422 |
| Health Care Fraud and Abuse Control (HCFAC) ³ | 742 | 864 | 950 | 950 |
| Other Medicare Administrative Expenses ⁴ | 998 | 1,099 | 1,154 | 1,154 |
| Quinquennial Adjustment (Medicare) ⁵ | - | - | 1,332 | 1,332 |
| Ticket to Work Program (P.L. 106-170) | - | - | 16 | 26 |
| Total (unadjusted) | \$320,720 | \$343,841 | \$366,791 | \$374,601 |
| Offsetting Proprietary Receipts ⁶ | -21,558 | -21,798 | -23,637 | -25,375 |
| Offsetting Collections from User Fees | -94 | -134 | -60 | -415 |
| HMO Loan Fund Collections | -2 | -1 | 0 | 0 |
| Total Net of Offsetting Collections and Proprietary Receipts | \$299,067 | \$321,909 | \$343,093 | \$348,810 |

¹ Includes Title XIX outlays for the Vaccines for Children's program (FY 1999 - \$464.1 million; FY 2000 - \$600 million; FY 2001 - \$777.7 million) and Title XIX outlays for the State Children's Health Insurance Program (FY 1999 - \$4 million; FY 2000 - \$730 million; FY 2001 - \$780 million).

² Medicare transfer to Medicaid for Medicare Part B premium assistance.

³ Includes HCFAC outlays by HCFA and other agencies.

⁴ Medicare-related expenses of other agencies, e.g., Social Security Administration.

⁵ Quinquennial adjustment for military wage credits.

⁶ Medicare premiums.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

**Program Benefit Payments
Selected Fiscal Years**

| Fiscal Year | Total | | Medicare ¹ | | Medicaid ² | |
|----------------------|--------|-------------------|-----------------------|-------------------|-----------------------|-------------------|
| | Amount | Annual | Amount | Annual | Amount | Annual |
| | | Percent Change | | Percent Change | | Percent Change |
| Amount in billions | | | | | | |
| Historical | | | | | | |
| 1980 | \$57.9 | — | \$33.9 | — | \$24.0 | — |
| 1985 | 108.8 | 12.6 | 69.5 | 14.1 | 39.3 | 10.4 |
| 1990 | 175.9 | 15.6 | 107.2 | 13.8 | 68.7 | 18.4 |
| 1991 | 204.4 | 16.2 | 113.9 | 6.3 | 90.5 | 31.7 |
| 1992 | 245.1 | 19.9 | 129.2 | 13.4 | 115.9 | 28.1 |
| 1993 | 268.7 | 9.6 | 142.9 | 10.6 | 125.8 | 8.5 |
| 1994 | 296.9 | 10.5 | 159.3 | 11.5 | 137.6 | 9.4 |
| 1995 | 328.9 | 10.8 | 176.9 | 11.0 | 152.0 | 10.5 |
| 1996 | 344.3 | 4.7 | 191.1 | 8.0 | 153.2 | 0.8 |
| 1997 | 367.8 | 6.8 | 207.1 | 8.4 | 160.7 | 4.9 |
| 1998 | 379.5 | 3.2 | 210.1 | 1.4 | 169.4 | 5.5 |
| 1999 | 389.7 | 2.7 | 208.3 | -0.9 | 181.4 | 7.1 |
| Budget (Current Law) | | | | | | |
| 2000 | 415.6 | 6.6 | 221.0 | 6.1 | 194.6 | 7.3 |
| 2001 | 441.8 | 6.3 | 233.1 | 5.5 | 208.7 | 7.2 |

¹ Includes catastrophic benefits for HI in FY 1990. Does not include Peer Review Organization expenditures.

² Federal and State combined. Historical data for FYs 1980-1994 reflect the total computable medical assistance payments reported by the States on line 11 of the HCFA-64 and predecessor forms. Historical data for FYs 1995-1999 include total computable medical assistance payments, outlays for the Vaccines for Children's program and total computable Title XIX outlays for the State Children's Health Insurance Program. Budget data for FYs 2000-2001 reflect current law estimates of total computable medical assistance payments, outlays for the Vaccines for Children's program and total computable Title XIX outlays for the State Children's Health Insurance Program.

SOURCES: HCFA/OACT/OFM/CMSO

July 2000

Program Benefit Payments Per Enrollee Selected Fiscal Years

| Fiscal Year | Medicare | | | Medicaid ² | | | State Children's Health Insurance Program | |
|-------------------|--|----------------------------|----------------------|-----------------------------------|-----------------------------|-----------------------|---|--|
| | Benefit Payments ¹ (In Billions) | Enrollees (In Millions) | Average Per Enrollee | Benefit Payments (In Billions) | Recipients (In Millions) | Average Per Recipient | Medicaid Expansions (In Billions) | Separate State Programs (In Billions) |
| 1980 | \$33.9 | 28.3 | \$1,200 | \$24.0 | 21.6 | \$1,100 | | |
| 1985 | 69.6 | 31.0 | 2,200 | 39.3 | 21.8 | 1,800 | | |
| 1990 | 107.4 | 34.1 | 3,100 | 68.7 | 25.3 | 2,700 | | |
| 1995 | 177.1 | 37.4 | 4,700 | 151.8 | 36.3 | 4,200 | | |
| 1996 | 191.3 | 38.0 | 5,000 | 152.9 | 36.1 | 4,200 | | |
| 1997 | 207.3 | 38.4 | 5,400 | 160.3 | 34.7 | 4,600 | | |
| 1998 | 210.3 | 38.9 | 5,400 | 169.0 | 40.6 ⁴ | 4,200 | \$0.1 | * |
| 1999 | 208.5 | 39.3 ³ | 5,300 | 180.5 | 41.0 ^{3,4} | 4,400 | 0.6 | \$0.7 |
| 2000 ³ | 221.6 | 39.7 | 5,600 | 193.1 | 41.7 ⁴ | 4,600 | 1.0 | 1.9 |
| 2001 ³ | 233.6 | 40.2 | 5,800 | 206.9 | 42.3 ⁴ | 4,900 | 1.1 | 2.7 |

*Less than \$50 million

¹ Includes PRO and SMI Medicaid transfer expenditures.

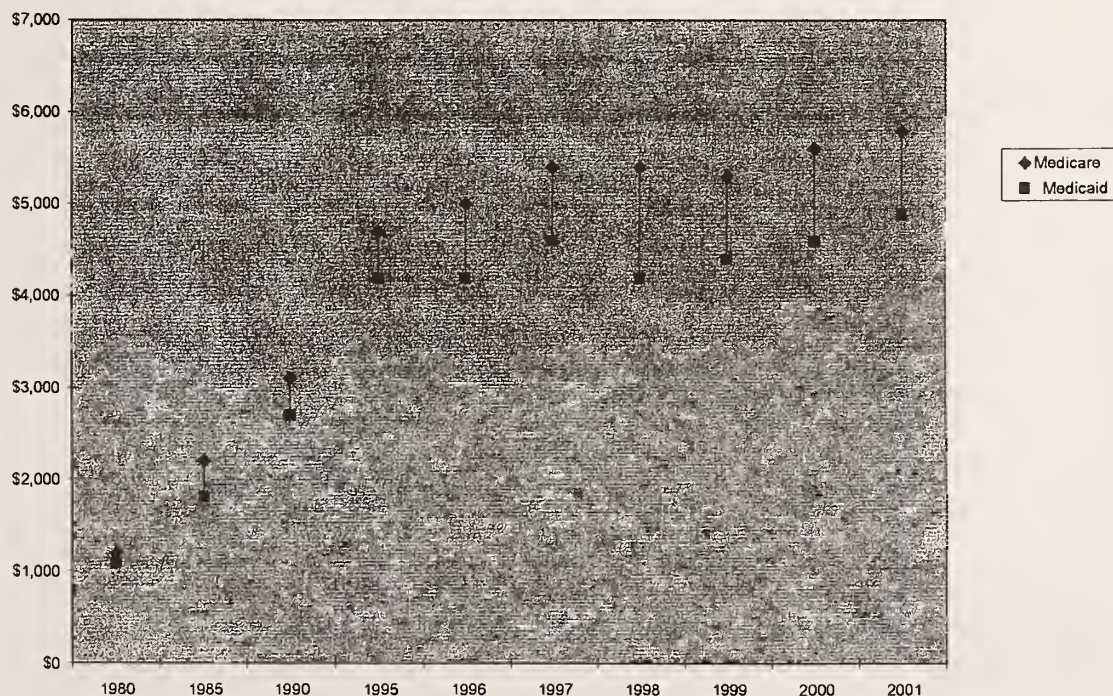
² Excludes Medicaid expansion and separate State programs under State Children's Health Insurance Program.

³ Estimated.

⁴ Beginning in 1998, Medicaid recipients were redefined to include eligibles in behalf of whom a capitation payment is paid.

NOTES: Current law only. Consistent with data and estimates included in the Mid-Session Review of the President's fiscal year 2000 budget. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.

Average Payment per Enrollee



Selected Fiscal Years

| | 1967 | 1968 | 1999 | 2000 ¹ |
|------------------------------|---------------------|-------|-------------|-------------------|
| | Amounts in billions | | | |
| Annually | | | | |
| HCFA Program Benefit Outlays | \$5.1 | \$8.4 | \$390 | \$416 |
| Federal Outlays | NA | 6.7 | 311 | 332 |
| Medicare | 3.2 | 5.1 | 208 | 221 |
| HI | 2.5 | 3.7 | 129 | 129 |
| SMI | 0.7 | 1.4 | 79 | 92 |
| Medicaid ² | 1.9 | 3.3 | 181 | 195 |
| Federal Share | NA | 1.6 | 103 | 111 |
| | In millions | | In billions | |
| Monthly | | | | |
| HCFA Program Benefit Outlays | \$423 | \$702 | \$32 | \$35 |
| Federal Outlays | NA | 561 | 26 | 28 |
| Medicare | 264 | 427 | 17 | 18 |
| HI | 209 | 311 | 11 | 11 |
| SMI | 55 | 116 | 7 | 8 |
| Medicaid ² | 158 | 275 | 15 | 16 |
| Federal Share | NA | 133 | 9 | 9 |
| | In thousands | | In millions | |
| Hourly | | | | |
| HCFA Program Benefit Outlays | \$579 | \$962 | \$44 | \$47 |
| Federal Outlays | NA | 768 | 35 | 38 |
| Medicare | 362 | 585 | 24 | 25 |
| HI | 286 | 426 | 15 | 15 |
| SMI | 76 | 159 | 9 | 10 |
| Medicaid ² | 217 | 377 | 21 | 22 |
| Federal Share | NA | 183 | 12 | 13 |
| | In thousands | | | |
| Minutely | | | | |
| HCFA Program Benefit Outlays | \$10 | \$16 | \$741 | \$791 |
| Federal Outlays | NA | 13 | 591 | 631 |
| Medicare | 6 | 10 | 396 | 421 |
| HI | 5 | 7 | 246 | 246 |
| SMI | 1 | 3 | 151 | 174 |
| Medicaid ² | 4 | 6 | 345 | 370 |
| Federal Share | NA | 3 | 195 | 210 |

¹ Estimated.

² These amounts reflect total computable Medicaid benefit outlays (Federal and State combined).

State Medicaid administrative costs are excluded. Outlays for the Vaccines for Children's program are included. Also included are total computable Title XIX outlays for the State Children's Health Insurance Program (SCHIP). Title XXI outlays for SCHIP are excluded.

NOTES: Fiscal year data. Totals may not equal the sum of rounded components. For FYs 1999 and 2000, rounded annual benefit outlays used to derive monthly (12), hourly (8,760) and minutely (525,600) outlays.

SOURCE: HCFA/OFM

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II. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

HIGHLIGHTS

- o Medicare spending between fee-for-service (FFS) and managed care is expected to fluctuate between 1999 and 2001, with managed care's share of total benefit payments accounting for 18.0 percent in 1999, increasing to 19.7 percent in 2000 and decreasing slightly to 18.1 percent in 2001.*
- o Medicare FFS benefit payments for inpatient hospital care are projected to increase 3.1 percent from fiscal year 1999 to 2000. During the same period of time, FFS physician and supplier payments under Medicare are expected to increase 5.8 percent.*
- o Spending for FFS inpatient hospital services as a share of total Medicare spending decreased from 64.9 percent in 1983 to a projected 39.7 percent in 2000.*
- o The financing for home health care shifted dramatically from Part A to Part B because of the Balanced Budget Act of 1997. In 2000, Part A HHA benefit payments accounted for \$3.9 billion, a decline of 56 percent from \$8.7 billion in 1999. Comparably, Part B HHA payments increased from \$761 million in 1999 to nearly \$5.8 billion in 2000, an increase of 660 percent.*
- o Total Medicaid payments increased by 73 percent from 1985 to 1990 and by another 119 percent from 1990 to 1998 to reach \$142.3 billion in 1998.*

1999 national health expenditure data were not available for release at the time of this publication. The bullets below reflect 1998 trends.

Medical care price indexes continue to increase at a faster rate than the "All Item" Consumer Price Index.

- o In recent years, changes in the CPI for all items have lagged considerably behind outpatient and physician services.*
- o In 1999, the CPI for all items increased by 1.9 percent, compared to 1.6 percent for the previous year. The percent increases for outpatient and physician services in 1999 were 4.9 and 3.0, respectively; compared to 3.8 and 2.8 in 1998.*
- o Public funding for NHE has grown significantly from 25.0 percent in 1965 to 45.5 percent in 1998.*
- o Likewise, private funding for NHE declined from 75.0 percent in 1965 to 54.5 percent in 1998.*

HCFA Benefit Payments by Major Program Service Categories **Fiscal Year 1998**

| Type of Service | Total Program Payments | | Medicare ¹ | | Medicaid ² | |
|--------------------|------------------------|----------------------|-----------------------|----------------------|-----------------------|----------------------|
| | Amount | Percent Distribution | Amount | Percent Distribution | Amount | Percent Distribution |
| Amount in millions | | | | | | |
| Total | \$379,282 | 100.0 | \$210,324 | 100.0 | \$168,958 | 100.0 |
| Inpatient Hospital | 129,719 | 34.2 | 104,996 ³ | 49.9 | 24,723 | 14.6 |
| Nursing Facilities | 47,920 | 12.6 | 13,628 | 6.5 | 34,292 ⁷ | 20.3 |
| Other Nursing Home | 9,853 | 2.6 | -- | -- | 9,853 | 5.8 |
| Home Health | 28,929 | 7.6 | 14,008 | 6.7 | 14,921 | 8.8 |
| Physician Services | 62,061 | 16.4 | 56,426 ⁴ | 26.8 | 5,635 | 3.3 |
| Outpatient | 23,534 | 6.2 | 17,018 ⁵ | 8.1 | 6,516 | 3.9 |
| Clinic | 4,794 | 1.3 | (⁵) | -- | 4,794 | 2.8 |
| Prescribed Drugs | 11,678 | 3.1 | -- | -- | 11,678 | 6.9 |
| Other Care | 60,794 | 16.0 | 4,248 ⁶ | 2.0 | 56,546 ⁸ | 33.5 |

¹ Estimated.

² Payments (Federal and State) from the financial reporting system includes premiums and capitation amounts.

³ Includes inpatient hospital (\$87,001 million), PRO (\$188 million), and Part A managed care (\$17,807 million).

⁴ Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, and other Part B suppliers (total of \$42,294 million) and Part B managed care (\$14,132 million).

⁵ Covered clinic services are included under outpatient.

⁶ Includes hospice (\$2,080 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$2,168 million).

⁷ Nursing facilities include skilled nursing facilities and intermediate facility services for all other than the mentally retarded.

⁸ Includes dental (\$1,501 million), other practitioners (\$936 million), laboratory and radiological services (\$587 million), early periodic screening (\$785 million), rural health services (\$277 million), targeted case management (\$1,400 million), primary care case management (\$170 million), disproportionate share payments (\$14,962 million), Medicare-related premium payments (\$4,500 million), other capitation premiums (\$22,861 million), prior adjustments and collections (\$964 million net), and other care (\$7,603).

NOTES: Percent distribution based on rounded numbers. Total includes service "Unknown" data which are not reflected in this table. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OACT

**Medicare Benefit Payments by Type of Benefit
Fiscal Years 1999 - 2001**

| | Benefit Payment ¹ | | | Percent Distribution |
|-------------------------------------|------------------------------|-----------|-----------|-------------------------|
| | 1999 | 2000 | 2001 | 2001 |
| Amount in millions | | | | |
| Total HI ² | \$129,107 | \$129,364 | \$134,368 | 100.0 |
| Inpatient Hospital | 85,121 | 87,793 | 91,652 | 68.2 |
| Skilled Nursing Facility | 12,232 | 11,873 | 13,888 | 10.3 |
| Home Health Agency | 8,748 ³ | 3,880 | 3,517 | 2.6 |
| Hospice | 2,479 | 2,597 | 2,730 | 2.0 |
| Managed Care | 20,527 | 23,222 | 22,580 | 16.8 |
| Total SMI ² | 79,151 | 91,658 | 98,735 | 100.0 |
| Physician/Other Suppliers | 43,539 – | 46,056 | 49,719 | 50.4 |
| Outpatient Hospital/Other Providers | 14,343 | 15,620 | 18,604 | 18.8 |
| Home Health Agency | 761 ³ | 5,785 | 6,898 | 7.0 |
| Laboratory | 3,611 | 3,841 | 3,953 | 4.0 |
| Managed Care | 16,897 | 20,356 | 19,560 | 19.8 |

¹ Includes the effect of regulatory items and recent legislation but not proposed law.

² Excludes PRO expenditures.

³ Distribution of home health benefits between the trust funds reflects the actual outlays as reported by Treasury.

NOTES: Based on midsession review. Benefits by type of service are estimated and are subject to change.

Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT and HCFA/OFM/BAG

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Medicare Trust Fund Projections

Fiscal Years 1999 - 2001

| | 1999 | 2000 | 2001 |
|--|--------------------|-----------|-----------|
| | Amount in millions | | |
| HI Total Disbursements ¹ | \$131,501 | \$134,712 | \$141,729 |
| HI Administrative Expenses ² | 1,474 | 1,796 | 1,809 |
| HI Benefit Payments | 129,107 | 129,364 | 134,368 |
| Aged | 113,070 | 112,880 | 116,891 |
| Disabled | 16,037 | 16,485 | 17,477 |
| HCFA ³ | 742 | 864 | 950 |
| HI Transfer to SMI for Home Health | 179 | 2,688 | 3,270 |
| Quinquennial Adjustment | -- | -- | 1,332 |
| SMI Total Disbursements ¹ | 80,518 | 90,790 | 97,357 |
| SMI Administrative Expenses ² | 1,546 | 1,770 | 1,832 |
| SMI Benefit Payments | 79,151 | 91,658 | 98,735 |
| Aged | 68,105 | 79,094 | 84,696 |
| Disabled | 11,047 | 12,565 | 14,039 |
| SMI Transfer to Medicaid ⁴ | -- | 50 | 60 |
| HI Transfer to SMI for Home Health | (179) | (2,688) | (3,270) |

¹ Current law data. Totals do not necessarily equal the sum of rounded components.

² Administrative expenses include the sum of administrative costs, research, and PRO expenditures.

³ Net Health Care Fraud and Abuse Control outlays as reported in the Treasury Annual Report.

⁴ SMI Transfer to Medicaid for Medicare Part B premium assistance.

NOTE: Benefit estimates do not reflect proposed legislation.

SOURCE: HCFA/OACT and HCFA/OFM/BAG

**Medicaid Payments by Basis of Eligibility
Selected Fiscal Years**

| | Payments | | | | | Percent Distribution |
|---|----------|----------|-----------|-----------|-----------|-------------------------|
| | 1985 | 1990 | 1995 | 1997 | 1998 | 1998 |
| Amount in millions | | | | | | |
| Total | \$37,508 | \$64,859 | \$120,141 | \$123,551 | \$142,318 | 100.0 |
| Age 65 and over | 14,096 | 21,508 | 36,527 | 37,721 | 40,602 | 28.5 |
| Blind | 249 | 434 | 848 | | | |
| Disabled | 13,203 | 23,969 | 48,570 | 54,129 | 60,375 | 42.4 |
| Dependent Children under Age 21 | 4,414 | 9,100 | 17,976 | 15,666 | 20,459 | 14.4 |
| Adults in Families with Dependent Children | 4,746 | 8,590 | 13,511 | 12,298 | 14,833 | 10.4 |
| Other Title XIX | 798 | 1,051 | 1,499 | 3,737 | 6,048 | 4.2 |

NOTES: Beginning in FY 1998, payments include capitated payments as a type of service category. Totals do not necessarily equal the sum of rounded components due to the inclusion of data for individuals with unconfirmed eligibility status at the time of payment.

SOURCE: HCFA/CMSO

**Medicaid Expenditures by Type of Service and Basis of Eligibility
Fiscal Year 1998**

| | Total Payments | Inpatient Hospital Services | Long-Term Care Services ¹ | Other Services |
|-----------------------|-------------------|-----------------------------------|--|-------------------|
| Percent Distribution | | | | |
| All Groups | 100.0 | 14.4 | 41.3 | 39.9 |
| Age 65 and over | 28.5 | 1.3 | 7.3 | 19.9 |
| Blind and Disabled | 42.4 | 6.8 | 20.8 | 14.8 |
| Children under Age 21 | 14.4 | 3.4 | 8.1 | 2.8 |
| AFDC-type Adults | 10.4 | 3.0 | 5.1 | 2.3 |

¹ Includes services in Mental facilities, all nursing facilities, and home health services, and all ICF/MR.

NOTE: Totals do not equal the sum of rounded components due to the exclusions of other Title XIX and unknowns.

SOURCE: HCFA/CMSO

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Medicaid Payments by Type of Service **Selected Fiscal Years**

| | 1985 | 1986 | 1987 | 1988 | Percent Distribution 1998 |
|------------------------------------|--------------------|-----------|-----------|-----------|---------------------------------|
| | Amount in millions | | | | |
| Total | \$37,508 | \$121,685 | \$123,551 | \$142,318 | 100.0 |
| Inpatient Services | 10,645 | 27,216 | 25,152 | 24,300 | 17.1 |
| General Hospitals | 9,453 | 25,176 | 23,142 | 21,499 | 15.1 |
| Mental Hospitals | 1,192 | 2,040 | 2,009 | 2,801 | 2.0 |
| Nursing Facilities ¹ | 5,071 | 29,630 | 30,504 | 31,892 | 22.4 |
| ICF Services | 10,079 | 9,555 | 9,798 | 9,482 | 6.7 |
| Mentally Retarded | 4,731 | 9,555 | 9,798 | 9,482 | 6.7 |
| All Other | 6,516 | 0 | 0 | 0 | 0.0 |
| Physician Services | 2,346 | 7,238 | 7,041 | 6,070 | 4.3 |
| Dental Services | 458 | 1,028 | 1,036 | 901 | 0.6 |
| Other Practitioner Services | 251 | 1,094 | 979 | 587 | 0.4 |
| Outpatient Hospital Services | 1,789 | 6,504 | 6,169 | 5,759 | 4.0 |
| Clinic Services | 714 | 4,222 | 4,252 | 3,922 | 2.8 |
| Laboratory & Radiological Services | 337 | 1,208 | 1,033 | 939 | 0.7 |
| Home Health Services | 1,120 | 10,868 | 12,237 | 2,702 | 1.9 |
| Prescribed Drugs | 2,315 | 10,697 | 11,972 | 13,522 | 9.5 |
| Family Planning Services | 195 | 474 | 418 | 449 | 0.3 |
| Early and Periodic Screening | 85 | 1,399 | 1,617 | 1,335 | 0.9 |
| Rural Health Clinics | 7 | 302 | 308 | 308 | 0.2 |
| Personal Care Support Services | na | na | na | 8,222 | 5.8 |
| Home /Community Based Services | na | na | na | 6,709 | 4.7 |
| Prepaid Health Care | na | na | na | 19,296 | 13.6 |
| PCCM Services | na | na | na | 134 | 0.1 |
| Other Care | 928 | 10,247 | 11,033 | 4,386 | 3.1 |

¹ Beginning in 1991, nursing facilities include skilled nursing facilities and intermediate care facility services for all other than the mentally retarded.

NOTES: Percent distribution based on rounded numbers. Prior to 1998, vendor payments exclude premiums and capitation amounts. Beginning in FY 1998, payments include capitated payments as a type of service category. Total includes service "Unknown" data which are not reflected in this table.

SOURCE: HCFA/OIS

July 2000

National Health Care by Type of Expenditure
Calendar Year 1998

| | National Total in billions | Per Capita | Percent Paid | | |
|------------------------------|----------------------------------|---------------|--------------|----------|----------|
| | | | Total | Medicare | Medicaid |
| Total | \$1,149.1 | \$4,094 | 33.7 | 18.8 | 14.8 |
| Health Services and Supplies | 1,113.7 | 3,968 | 34.8 | 19.4 | 15.3 |
| Personal Health Care | 1,019.3 | 3,632 | 36.3 | 20.6 | 15.7 |
| Hospital Care | 382.8 | 1,364 | 48.3 | 32.4 | 15.9 |
| Physicians' Services | 229.5 | 818 | 28.0 | 21.5 | 6.5 |
| Nursing Home Care | 87.8 | 313 | 58.2 | 11.9 | 46.3 |
| Other Personal Health Care | 319.2 | 1,137 | 21.9 | 8.4 | 13.5 |
| Other Services and Supplies | 94.4 | 336 | 18.2 | 6.5 | 11.7 |
| Research and Construction | 35.3 | 126 | — | — | — |

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

July 2000

HCFA Benefit Payments by Major Personal Health Expenditure Service Categories Calendar Year 1998

| Type of Service ¹ | Total Program Payments | | Medicare | | Medicaid | |
|--|------------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
| | Amount in billions | Percent Distribution | Amount in billions | Percent Distribution | Amount in billions | Percent Distribution |
| Total | \$370.1 | 100.0 | \$210.5 | 100.0 | \$159.6 | 100.0 |
| Hospital Care | 184.8 | 49.9 | 123.9 | 58.9 | 60.8 | 38.1 |
| Physicians' Services | 64.4 | 17.4 | 49.4 | 23.5 | 15.0 | 9.4 |
| Dentists' Services | 2.1 | 0.6 | 0.1 | 0.0 | 2.0 | 1.2 |
| Other Professional Services ² | 10.8 | 2.9 | 9.2 | 4.3 | 1.7 | 1.0 |
| Home Health Care ³ | 15.4 | 4.2 | 10.4 | 4.9 | 5.0 | 3.1 |
| Drugs and other Medical Nondurables | 16.7 | 4.5 | 1.2 | 0.6 | 15.5 | 9.7 |
| Vision Products and Other Medical Durables | 5.9 | 1.6 | 5.9 | 2.8 | -- | 0.0 |
| Nursing Home Care ⁴ | 51.1 | 13.8 | 10.4 | 5.0 | 40.6 | 25.5 |
| Other Personal Health Care | 19.0 | 5.1 | -- | 0.0 | 19.0 | 11.9 |

¹ Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital based ICF-MR hospital based nursing homes and hospital based home health services appear as hospital care rather than nursing home care or as home health services.

² Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.

³ Includes non-facility based home health care and some Medicaid care delivered in homes.

⁴ Freestanding nursing facilities only.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 59 percent in calendar year 1998.

SOURCE: HCFA/OACT

July 2000

Selected Calendar Years

| Calendar Year | GDP in billions | National Health Expenditures | | | | | | | | | |
|---------------|-----------------|------------------------------|------------|----------------|--------------------|------------|--------------------|------------|------------------|--------------------|------------------|
| | | Total | | | | | Private Funds | | | | |
| | | Amount in billions | Per Capita | Percent of GDP | Amount in billions | Per Capita | Amount in billions | Per Capita | Percent of Total | Amount in billions | Per Capita |
| | | | | | | | | | | | Percent of Total |
| 1965 | \$719 | \$41.1 | \$202 | 5.7 | \$30.9 | \$151 | \$10.3 | \$50 | 75.0 | \$10.3 | 25.0 |
| 1966 | 788 | 45.3 | 219 | 5.7 | 31.6 | 153 | 13.7 | 66 | 69.8 | 13.7 | 30.2 |
| 1967 | 834 | 51.0 | 245 | 6.1 | 32.0 | 153 | 19.0 | 91 | 62.7 | 19.0 | 37.3 |
| 1970 | 1,036 | 73.2 | 341 | 7.1 | 45.5 | 212 | 27.7 | 129 | 62.2 | 27.7 | 37.8 |
| 1975 | 1,631 | 130.7 | 582 | 8.0 | 75.7 | 337 | 56.0 | 245 | 57.9 | 56.0 | 42.1 |
| 1980 | 2,784 | 247.3 | 1,052 | 8.9 | 142.5 | 606 | 104.8 | 446 | 57.6 | 104.8 | 42.4 |
| 1981 | 3,116 | 286.9 | 1,208 | 9.2 | 165.7 | 698 | 121.2 | 510 | 57.8 | 121.2 | 42.2 |
| 1982 | 3,242 | 323.0 | 1,346 | 10.0 | 188.4 | 785 | 134.6 | 561 | 58.3 | 134.6 | 41.7 |
| 1983 | 3,515 | 355.3 | 1,466 | 10.1 | 207.7 | 857 | 147.5 | 609 | 58.5 | 147.5 | 41.5 |
| 1984 | 3,902 | 390.1 | 1,593 | 10.0 | 229.9 | 939 | 160.1 | 654 | 58.9 | 160.1 | 41.1 |
| 1985 | 4,181 | 428.7 | 1,734 | 10.3 | 254.5 | 1,030 | 174.2 | 705 | 59.4 | 174.2 | 40.6 |
| 1986 | 4,422 | 461.2 | 1,847 | 10.4 | 271.4 | 1,087 | 189.8 | 760 | 58.8 | 189.8 | 41.2 |
| 1987 | 4,692 | 500.5 | 1,985 | 10.7 | 293.3 | 1,163 | 207.2 | 822 | 58.6 | 207.2 | 41.4 |
| 1988 | 5,050 | 560.4 | 2,200 | 11.1 | 334.3 | 1,312 | 226.1 | 888 | 59.6 | 226.1 | 40.4 |
| 1989 | 5,439 | 623.5 | 2,422 | 11.5 | 371.4 | 1,443 | 252.1 | 979 | 59.6 | 252.1 | 40.4 |
| 1990 | 5,744 | 699.4 | 2,689 | 12.2 | 416.2 | 1,600 | 283.2 | 1,089 | 59.5 | 283.2 | 40.5 |
| 1991 | 5,917 | 766.8 | 2,918 | 13.0 | 448.9 | 1,708 | 317.9 | 1,210 | 58.5 | 317.9 | 41.5 |
| 1992 | 6,244 | 836.5 | 3,151 | 13.4 | 483.6 | 1,821 | 353.0 | 1,329 | 57.8 | 353.0 | 42.2 |
| 1993 | 6,558 | 898.5 | 3,350 | 13.7 | 513.2 | 1,914 | 385.3 | 1,437 | 57.1 | 385.3 | 42.9 |
| 1994 | 6,947 | 947.7 | 3,501 | 13.6 | 524.7 | 1,938 | 423.0 | 1,563 | 55.4 | 423.0 | 44.6 |
| 1995 | 7,270 | 993.3 | 3,637 | 13.7 | 537.3 | 1,967 | 456.0 | 1,669 | 54.1 | 456.0 | 45.9 |
| 1996 | 7,662 | 1,039.4 | 3,772 | 13.6 | 559.0 | 2,028 | 480.4 | 1,743 | 53.8 | 480.4 | 46.2 |
| 1997 | 8,111 | 1,088.2 | 3,912 | 13.4 | 586.0 | 2,107 | 502.2 | 1,806 | 53.8 | 502.2 | 46.2 |
| 1998 | 8,511 | 1,149.1 | 4,094 | 13.5 | 626.4 | 2,232 | 522.7 | 1,862 | 54.5 | 522.7 | 45.5 |

NOTE: These data reflect Bureau of Economic Analysis Gross Domestic Product as of October 1999, and the Social Security Administration's revisions to the population as of July 1999.

SOURCES: HCFA/OACT; SSA; and U.S. Department of Commerce, Bureau of Economic Analysis.

July 2000

III. ADMINISTRATIVE/OPERATING

Information in this section concerns activities and services related to the oversight of the day-to-day operations of HCFA programs. Current and trend data on trust fund operations, contractor performance and administrative costs are included.

HIGHLIGHTS

- o *Medicare Hospital Insurance (HI) benefit payments grew from \$2.5 billion in FY 1967 to \$129.5 billion in FY 1999. The Medicare Supplementary Medical Insurance (SMI) benefit payments increased from \$.7 billion in FY 1967 to \$79.0 billion in FY 1999. The greatest increase to both programs occurred between 1970 and 1980, due to the addition of coverage for disabled persons beginning in 1973.*
- o *Medicare total HI and SMI administrative expenses as a percent of total HI and SMI benefit payments decreased from 7.1 percent in FY 1967 to 1.7 percent in FY 1999.*
- o *As of January 2000, Medicare had 33 Intermediaries and 23 carriers processing claims. Part A and Part B unit costs decreased 17 percent and 34 percent, respectively, from FY 1998 to FY 1999. During FY 1999, Part A unit costs were \$0.76 and Part B unit costs were \$0.60.*
- o *In FY 1999, covered charges on assigned claims were reduced an average of \$91.76. Covered charges on unassigned claims in FY 1999 were reduced an average of \$16.49.*

Medicare Operations of the HI Trust Fund Selected Fiscal Years

| Fiscal Year ¹ | Income | | | | | Disbursements | | | | | Trust Fund | |
|--------------------------|---------------|--|---------------------------------|---------------------------------------|------------------------------------|--|--------------|-------------------------------|--------------------------------------|---------------------|----------------------|---------------------|
| | Payroll Taxes | Transfers from Railroad Retirement Account | Transfers for Uninsured Persons | Reimbursement for Voluntary Enrollees | Payments for Military Wage Credits | Interest and Other Income ² | Total Income | Benefit Payments ³ | Administrative Expenses ⁴ | Total Disbursements | Net Increase in Fund | Fund at End of Year |
| | | | | | | | | | | | | |
| Amount in millions | | | | | | | | | | | | |
| 1967 | \$2,689 | \$16 | \$327 | | \$11 | \$46 | \$3,089 | \$2,508 | \$89 | \$2,597 | \$492 | \$1,343 |
| 1970 | 4,785 | 64 | 617 | | 11 | 137 | 5,614 | 4,804 | 149 | 4,953 | 861 | 2,677 |
| 1975 | 11,291 | 132 | 481 | \$6 | 48 | 609 | 12,568 | 10,353 | 259 | 10,612 | 1,956 | 9,870 |
| 1980 | 23,244 | 244 | 697 | 17 | 141 | 1,072 | 25,415 | 23,790 | 497 | 24,288 | 1,127 | 14,490 |
| 1985 | 46,490 | 371 | 766 | 38 | 86 | 3,182 | 50,933 | 47,841 | 813 | 48,654 | 4,103 ⁵ | 21,277 |
| 1990 | 70,655 | 367 | 413 | 113 | 107 | 7,908 | 79,563 | 65,912 | 774 | 66,687 | 12,876 | 95,631 |
| 1991 | 74,655 | 352 | 605 | 367 | -1,011 ⁶ | 8,969 | 83,938 | 68,705 | 934 | 69,638 | 14,299 | 109,930 |
| 1992 | 80,978 | 374 | 621 | 484 | 86 | 10,133 | 92,677 | 80,784 | 1,191 | 81,974 | 10,703 | 120,633 |
| 1993 | 83,147 | 400 | 367 | 622 | 81 | 12,484 ⁷ | 97,101 | 90,738 | 866 | 91,604 | 5,497 | 126,131 |
| 1994 | 92,028 | 413 | 506 | 852 | 80 | 12,315 | 106,195 | 101,535 | 1,235 | 102,770 | 3,425 | 129,555 |
| 1995 | 98,053 | 396 | 462 | 998 | 61 | 14,876 | 114,847 | 113,583 | 1,300 | 114,883 | -36 | 129,520 |
| 1996 | 106,934 | 401 | 419 | 1,107 | -2,293 ⁸ | 14,565 | 121,135 | 124,088 | 1,229 | 125,317 | -4,182 | 125,338 |
| 1997 | 112,725 | 419 | 481 | 1,279 | 70 | 13,575 | 128,548 | 136,175 | 1,661 | 137,836 | -9,287 | 116,050 |
| 1998 | 121,914 | 419 | 34 | 1,320 | 67 | 14,449 | 138,203 | 135,487 ⁹ | 1,653 | 137,140 | 1,063 | 117,113 |
| 1999 | 134,385 | 430 | 652 | 1,401 | 67 | 16,075 | 153,011 | 129,463 ⁹ | 1,979 | 131,441 | 21,570 | 138,683 |

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² Other income includes recoveries of amounts reimbursed from the trust fund income which are not obligations of the trust fund, from taxation of benefits, and a small amount of miscellaneous income.

³ Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

⁴ Includes cost of experiments and demonstration projects and non-expenditure transfers for Health Care Fraud and Abuse Control.

⁵ Includes repayment of loan principal from Old Age Survivors Insurance trust fund of \$1,824 million.

⁶ Includes the lump-sum general revenue adjustment of -\$1,100 million, as provided for by section 151 of P.L. 98-21.

⁷ Includes \$1,805 million transfer from the SMI catastrophic coverage reserve fund, as provided for by P.L. 102-394.

⁸ Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

⁹ Benefit payments plus monies transferred to the SMI trust fund for home health agency costs, as provided by P.L. 105-33.

NOTES: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

July 2000

Medicare Operations of the SMI Trust Fund

Selected Fiscal Years

| Fiscal Year ¹ | Income | | | Disbursements | | | Balance in Fund at End of Year ⁴ |
|--------------------------|----------------------------|---------------------------------------|--|---------------|---------------------|-------------------------|---|
| | Premiums from Participants | Government Contributions ² | Interest and Other Income ³ | Total Income | Benefit Payments | Administrative Expenses | Total Disbursements |
| | Amount in millions | | | | | | |
| 1967 | \$647 | \$623 | \$15 | \$1,285 | \$664 | \$135 ⁵ | \$799 |
| 1970 | 936 | 928 | 12 | 1,876 | 1,979 | 217 | 2,196 |
| 1975 | 1,887 | 2,330 | 105 | 4,322 | 3,765 | 405 | 4,170 |
| 1980 | 2,928 | 6,932 | 415 | 10,275 | 10,144 | 593 | 10,737 |
| 1985 | 5,524 | 17,898 | 1,155 | 24,577 | 21,808 | 922 | 22,730 |
| 1990 | 11,494 | 33,210 | 1,434 | 46,138 | 41,498 | 1,524 | 43,022 |
| 1991 | 11,807 | 34,730 | 1,629 | 48,166 | 45,514 | 1,505 | 47,019 |
| 1992 | 12,748 | 38,684 | 1,717 | 53,149 | 48,627 | 1,661 | 50,288 |
| 1993 | 14,683 | 44,227 | 84 ⁶ | 58,994 | 52,409 | 1,845 | 54,254 |
| 1994 | 16,895 | 38,355 | 2,118 | 57,368 | 58,006 | 1,718 | 59,724 |
| 1995 | 19,244 | 36,988 ⁷ | 1,937 | 58,169 | 63,491 | 1,722 | 65,213 |
| 1996 | 18,931 | 61,702 ⁷ | 1,392 | 82,025 | 67,176 | 1,771 | 68,946 |
| 1997 | 19,141 | 59,471 | 2,193 | 80,806 | 71,133 | 1,420 | 72,553 |
| 1998 | 19,427 | 59,919 | 2,608 | 81,954 | 74,837 ⁸ | 1,435 | 76,272 |
| 1999 | 20,160 | 62,185 | 2,933 | 85,278 | 79,008 ⁸ | 1,510 | 80,518 |
| | | | | | | | 45,649 |

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year, fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

³ Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

⁴ The financial status of the program depends on both the total net assets and the liabilities of the program.

⁵ Administrative expenses shown include those paid in fiscal years 1966 and 1967.

⁶ Includes the transfer from SMI to HI of \$1,805 million, representing premiums paid into the SMI trust fund under the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360), as provided for by P.L. 102-394.

⁷ General fund transfers of \$6.7 billion could not be made in FY 1995 due to the absence of funding. Subsequently, a transfer was made in March 1996. Consequently, SMI government contributions are abnormally low for FY 1995 and abnormally high for FY 1996.

⁸ Benefit payments less monies transferred from the HI trust fund for home health agency costs, as provided by P.L. 105-33.

NOTES: Totals do not necessarily equal the sum of rounded components.

Medicare SMI Trust Fund Income Selected Fiscal Years

| Fiscal Year | Total Income (less interest) | Premiums from Participants | | | Government Contributions ¹ | | |
|--------------------|---------------------------------|----------------------------|--------|----------|---------------------------------------|--------|--------------------|
| | | Total | Aged | Disabled | Total | Aged | Disabled |
| Amount in millions | | | | | | | |
| 1967 | \$ 1,270 | \$ 647 | \$ 647 | -- | \$ 623 | \$ 623 | -- |
| 1970 | 1,863 | 936 | 936 | -- | 928 | 928 | -- |
| 1975 | 4,217 | 1,887 | 1,736 | \$ 151 | 2,330 | 1,711 | \$ 619 |
| 1980 | 9,860 | 2,928 | 2,637 | 291 | 6,932 | 5,608 | 1,324 |
| 1985 | 23,422 | 5,524 | 5,042 | 482 | 17,898 | 15,072 | 2,826 |
| 1986 | 23,775 | 5,699 | 5,200 | 500 | 18,076 | 15,696 | 2,381 |
| 1987 | 26,778 | 6,480 | 5,897 | 582 | 20,299 | 17,579 | 2,720 |
| 1989 | 42,260 | 11,548 ^{2/} | 9,487 | 945 | 30,712 | 29,009 | 1,703 |
| 1990 | 44,704 | 11,494 ² | 10,138 | 995 | 33,210 | 31,107 | 2,103 |
| 1991 | 46,537 | 11,807 | 10,741 | 1,066 | 34,730 | 32,224 | 2,506 |
| 1992 | 51,432 | 12,748 | 11,564 | 1,184 | 38,684 | 34,109 | 4,575 ³ |
| 1993 | 58,910 | 14,683 | 13,255 | 1,428 | 44,227 | 38,825 | 5,402 |
| 1994 | 55,249 | 16,895 | 15,212 | 1,683 | 38,355 | 33,481 | 4,873 |
| 1995 | 56,232 | 19,244 | 17,126 | 2,117 | 36,988 | 31,146 | 5,842 |
| 1996 | 80,633 | 18,931 | 16,858 | 2,073 | 61,702 | 52,353 | 9,349 |
| 1997 | 78,613 | 19,141 | 16,984 | 2,158 | 59,471 | 51,082 | 8,390 |
| 1998 | 79,346 | 19,427 | 17,153 | 2,274 | 59,919 | 51,483 | 8,436 |
| 1999 | 82,345 | 20,160 | 17,722 | 2,438 | 62,185 | 53,653 | 8,532 |
| Percent change | | | | | | | |
| 1967-1999 | 6,384 | 3,016 | 2,639 | -- | 9,882 | 8,512 | -- |
| 1975-1999 | 1,853 | 968 | 921 | 1,514 | 2,569 | 3,036 | 1,278 |
| 1997-1998 | 1 | 1 | 1 | 5 | 1 | 1 | 1 |
| 1998-1999 | 4 | 4 | 3 | 7 | 4 | 4 | 1 |

¹ Interest on delayed transfers from general funds is included.

² Total includes catastrophic premiums.

³ Government contributions include not only amounts to help cover program costs but adjustments to the assets to account for contingencies. Since the financing rates to determine both premium rates and government contributions are set prospectively, the financing may not be adequate to cover actual program expenditures. Consequently, trust fund assets contain contingency levels to cover the impact of a reasonable degree of variation between actual and projected expenditures. The large increase in the disabled government contributions after 1991 reflects increased contributions to the disabled contingency level.

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1990, and January 1996 and thereafter the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half the actuarial rate.

**Medicare Ratio of SMI Benefit Payments to Premium Income
Selected Fiscal Years**

| Fiscal Year | Benefit Payments | | | Ratio of Benefit Payments to Premium Income | | |
|--------------------|------------------|--------|----------|--|------|----------|
| | Total | Aged | Disabled | Total | Aged | Disabled |
| Amount in Millions | | | | | | |
| 1967 | \$664 | \$664 | — | 1.0 | 1.0 | — |
| 1970 | 1,979 | 1,979 | — | 2.1 | 2.1 | — |
| 1975 | 3,765 | 3,289 | \$476 | 2.0 | 1.9 | 3.2 |
| 1980 | 10,144 | 8,497 | 1,647 | 3.5 | 3.2 | 5.7 |
| 1985 | 21,808 | 19,077 | 2,731 | 3.9 | 3.8 | 5.7 |
| 1990 | 41,498 | 36,837 | 4,661 | 3.7 | 3.6 | 4.7 |
| 1991 | 45,514 | 40,198 | 5,316 | 3.9 | 3.7 | 5.0 |
| 1992 | 48,627 | 42,841 | 5,786 | 3.8 | 3.7 | 4.9 |
| 1993 | 52,409 | 45,742 | 6,667 | 3.6 | 3.5 | 4.7 |
| 1994 | 58,006 | 50,355 | 7,651 | 3.4 | 3.3 | 4.5 |
| 1995 | 63,491 | 54,831 | 8,660 | 3.3 | 3.2 | 4.1 |
| 1996 | 67,176 | 57,783 | 9,393 | 3.5 | 3.4 | 4.5 |
| 1997 | 71,133 | 60,955 | 10,178 | 3.7 | 3.6 | 4.7 |
| 1998 | 75,815 | 65,091 | 10,724 | 3.9 | 3.8 | 4.7 |
| 1999 | 79,187 | 68,137 | 11,050 | 3.9 | 3.8 | 4.5 |
| Percent change | | | | | | |
| 1967-1999 | 11,826 | 10,162 | — | | | |
| 1975-1999 | 2,003 | 1,972 | 2,221 | | | |
| 1995-1996 | 6 | 5 | 8 | | | |
| 1996-1997 | 6 | 5 | 8 | | | |
| 1997-1998 | 7 | 7 | 5 | | | |
| 1998-1999 | 4 | 5 | 3 | | | |

NOTES: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund."

SOURCE: HCFA/OACT

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Medicare Administrative Expenses Selected Fiscal Years

| Fiscal Year | Administrative Expenses | |
|-----------------------|-------------------------|-----------------------------------|
| | Amount in Millions | Percent of Benefit Payments |
| HI Trust Fund | | |
| 1967 | \$89 | 3.5 |
| 1970 | 149 | 3.1 |
| 1975 | 259 | 2.5 |
| 1980 | 497 | 2.1 |
| 1985 | 813 | 1.7 |
| 1986 | 667 | 1.4 |
| 1987 | 836 | 1.7 |
| 1988 | 707 | 1.4 |
| 1989 | 805 | 1.4 |
| 1990 | 774 | 1.2 |
| 1991 | 934 | 1.4 |
| 1992 | 1,191 | 1.5 |
| 1993 | 866 | 1.0 |
| 1994 | 1,235 | 1.2 |
| 1995 | 1,300 | 1.1 |
| 1996 | 1,229 | 1.0 |
| 1997 | 1,661 ¹ | 1.2 |
| 1998 | 1,653 ¹ | 1.2 |
| 1999 | 1,979 ¹ | 1.5 |
| SMI Trust Fund | | |
| 1967 | 135 ² | 20.3 |
| 1970 | 217 | 11.0 |
| 1975 | 405 | 10.8 |
| 1980 | 593 | 5.8 |
| 1985 | 922 | 4.2 |
| 1986 | 1,049 | 4.2 |
| 1987 | 900 | 3.0 |
| 1988 | 1,265 | 3.8 |
| 1989 | 1,450 | 3.9 |
| 1990 | 1,524 | 3.7 |
| 1991 | 1,505 | 3.3 |
| 1992 | 1,661 | 3.4 |
| 1993 | 1,845 | 3.4 |
| 1994 | 1,718 | 3.0 |
| 1995 | 1,722 | 2.7 |
| 1996 | 1,771 | 2.6 |
| 1997 | 1,420 | 2.0 |
| 1998 | 1,435 | 1.9 |
| 1999 | 1,510 | 1.9 |

¹ Includes non-expenditure transfers for Health Care Fraud and Abuse Control.

² Includes expenses paid in fiscal years 1966 and 1967.

**Medicare Contractors
1999**

| | Intermediaries | Carriers |
|------------------------|----------------|----------|
| Blue Cross/Blue Shield | 30 | 15 |
| Other | 3 | 8 |

Data as of January 1, 2000

SOURCE: HCFA/OFM

**Medicare Claims Processing Costs
Selected Fiscal Years**

| | Net Unit Cost per Claim | | | | | |
|-----------------------------|-------------------------|--------|--------|--------|---------------------|---------------------|
| | 1975 | 1980 | 1985 | 1990 | 1998 | 1999 |
| Intermediaries ¹ | \$3.84 | \$2.96 | \$2.33 | \$1.86 | \$0.92 ³ | \$0.76 ³ |
| Carriers ² | \$2.90 | \$2.33 | \$1.88 | \$1.56 | \$0.91 | \$0.60 |

¹ Includes direct costs and overhead costs for bill payment, reconsiderations and hearings lines.

² Includes direct costs and overhead costs for the claims payment, reviews and hearings, and beneficiary/physician inquiries lines.

³ Beginning in FY 1998, inquiries and PET activities are separated from other bill payment cost for intermediaries.

SOURCE: HCFA/OFM

**Medicare Appeals
Fiscal Years 1998 - 1999**

| | 1998 | | 1999 | |
|---------------------------------|-------------------------------|-----------------|-------------------------------|-----------------|
| | Intermediary Reconsiderations | Carrier Reviews | Intermediary Reconsiderations | Carrier Reviews |
| Number Processed | 58,765 | 3,101,201 | 48,155 | 3,237,390 |
| Percent With Increased Payments | 32.1 | 68.2 | 31.5 | 66.1 |

SOURCE: HCFA/OFM

July 2000

Medicare Physician/Supplier Claims Charge Reductions
Selected Fiscal years 1980 - 1999

| Fiscal Year | Claims Approved | | Total Covered Charges | | |
|----------------|------------------------|--------------------|-----------------------|--------------------|-----------------------------|
| | Number in thousands | Percent Reduced | Amount in millions | Percent Reduced | Amount Reduced per Claim |

Assigned (HCFA-1490/1500)

| | | | | | |
|------|---------|------|---------|------|---------|
| 1980 | 70,937 | 80.0 | \$6,878 | 22.5 | \$21.81 |
| 1985 | 168,587 | 81.7 | 20,743 | 27.0 | 33.19 |
| 1986 | 188,075 | 82.5 | 24,108 | 28.4 | 36.43 |
| 1987 | 222,277 | 83.0 | 29,436 | 27.9 | 36.90 |
| 1988 | 264,096 | 85.5 | 36,083 | 29.3 | 39.97 |
| 1989 | 295,666 | 86.3 | 41,852 | 30.9 | 43.72 |
| 1990 | 329,061 | 87.6 | 48,711 | 32.6 | 48.22 |
| 1991 | 373,250 | 86.7 | 57,547 | 35.2 | 54.20 |
| 1992 | 406,502 | 87.0 | 66,062 | 39.2 | 63.60 |
| 1993 | 446,475 | 88.2 | 74,261 | 42.1 | 70.08 |
| 1994 | 496,264 | 88.1 | 82,855 | 42.5 | 71.03 |
| 1995 | 534,972 | 86.4 | 91,672 | 42.2 | 72.31 |
| 1996 | 544,639 | 87.1 | 96,205 | 44.4 | 78.42 |
| 1997 | 564,461 | 87.5 | 102,279 | 45.7 | 82.74 |
| 1998 | 573,077 | 87.6 | 105,682 | 46.5 | 85.91 |
| 1999 | 586,227 | 88.7 | 113,008 | 47.5 | 91.76 |

Unassigned (HCFA-1490/1500)

| | | | | | |
|------|--------|------|---------|------|---------|
| 1980 | 66,207 | 83.7 | \$6,527 | 22.3 | \$21.96 |
| 1985 | 77,646 | 84.6 | 10,051 | 25.6 | 33.12 |
| 1986 | 84,853 | 84.9 | 10,581 | 26.6 | 33.15 |
| 1987 | 85,160 | 82.5 | 10,516 | 25.5 | 31.44 |
| 1988 | 78,484 | 85.7 | 9,351 | 24.7 | 29.47 |
| 1989 | 74,621 | 89.2 | 8,794 | 25.2 | 29.67 |
| 1990 | 75,879 | 90.3 | 8,702 | 25.3 | 28.97 |
| 1991 | 78,450 | 90.7 | 8,134 | 24.0 | 24.84 |
| 1992 | 69,522 | 85.4 | 6,671 | 19.8 | 18.95 |
| 1993 | 54,096 | 85.5 | 4,724 | 16.9 | 14.75 |
| 1994 | 42,544 | 86.7 | 3,489 | 16.4 | 13.45 |
| 1995 | 32,695 | 83.9 | 2,725 | 15.6 | 13.01 |
| 1996 | 24,390 | 84.5 | 2,071 | 15.6 | 13.22 |
| 1997 | 19,765 | 84.4 | 1,726 | 16.3 | 14.23 |
| 1998 | 16,051 | 82.9 | 1,450 | 16.9 | 15.26 |
| 1999 | 14,061 | 81.6 | 1,321 | 17.5 | 16.49 |

NOTE: Charge reduction is the total dollar amount reduced as a result of charge determination made by a carrier.

Medicare Charge Determination Data for Physician/Supplier Claims Selected Fiscal Years 1975-1999

| Fiscal Year | Claims Paid or Applied to Deductible | | Claims on Which Charge Reductions Were Made | | | |
|-------------|--------------------------------------|------------------------------------|---|---|---------------------|--------------------------------|
| | Number in thousands | Total Covered Charges in thousands | Number in thousands | Percent of Claims Paid or Applied to Deductible | Amount of Reduction | |
| | | | | | Total in thousands | Percent of Covered Charges |
| | | | | | | Avg. Amount per Approved Claim |
| 1975 | 75,694 | \$5,324,636 | 50,738 | 67.0 | \$863,847 | \$11.41 |
| 1980 | 145,157 | 13,765,039 | 113,707 | 78.3 | 3,063,364 | 21.10 |
| 1985 | 246,337 | 30,800,071 | 203,405 | 82.6 | 8,168,817 | 33.16 |
| 1986 | 272,969 | 34,692,565 | 227,127 | 83.2 | 9,664,309 | 35.40 |
| 1987 | 307,437 | 39,952,727 | 254,672 | 82.8 | 10,879,839 | 35.39 |
| 1988 | 342,580 | 45,434,338 | 293,027 | 85.5 | 12,867,579 | 37.56 |
| 1989 | 370,288 | 50,646,122 | 321,851 | 86.9 | 15,139,981 | 40.89 |
| 1990 | 404,939 | 57,413,496 | 356,775 | 88.1 | 18,063,716 | 44.61 |
| 1991 | 451,700 | 65,680,424 | 394,615 | 87.4 | 22,179,014 | 49.10 |
| 1992 | 476,024 | 72,733,350 | 413,095 | 86.8 | 27,170,734 | 57.08 |
| 1993 | 500,572 | 78,984,666 | 439,888 | 87.9 | 32,089,244 | 64.11 |
| 1994 | 538,808 | 86,344,476 | 473,907 | 88.0 | 35,823,544 | 66.49 |
| 1995 | 567,666 | 94,396,848 | 489,467 | 86.2 | 39,108,517 | 68.89 |
| 1996 | 569,029 | 98,276,302 | 494,764 | 86.9 | 43,035,169 | 75.63 |
| 1997 | 584,226 | 104,004,862 | 510,568 | 87.4 | 46,987,436 | 80.43 |
| 1998 | 589,128 | 107,132,423 | 515,427 | 87.5 | 49,475,682 | 83.98 |
| 1999 | 600,288 | 114,329,416 | 531,776 | 88.6 | 54,023,415 | 90.00 |

NOTE: Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: HCFA/OFM

July 2000

IV. POPULATIONS

Information about persons covered by Medicare Hospital Insurance (HI) and Supplementary Medical Insurance (SMI) and Medicaid.

Medicare statistics are based on persons enrolled for coverage. Medicaid recipient counts are used as a surrogate of persons eligible for coverage. Current and trend data showing demographic and eligibility category distributions are included.

HIGHLIGHTS

- o In 1999, about 87 percent of the Medicare population was age 65 and over.*
- o An estimated 97 percent of the total aged population has some type of Medicare coverage.*
- o In 1999, approximately 93 percent of the total Medicare population was covered by both Part A and Part B.*
- o The Medicare Part A beneficiaries ages 85 and over, as a percent of all aged beneficiaries, increased from 6.2 percent in 1966 to 12.4 percent in 1999. During this same time period, the 65 to 69 year age group, as a percent of all aged beneficiaries, decreased from 34.1 percent in 1966 to 26.8 percent in 1999.*
- o The Medicare female beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, increased from 57.4 percent in 1966 to 58.9 percent in 1999. During this same time period, the Medicare male beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, decreased from 42.6 percent in 1966 to 41.1 percent in 1999.*
- o There has been an increase of 7.8 percent in the number of Medicare State Buy-Ins between 1996 and 1999.*

Medicare Enrollees Selected Years

| | 1975 | 1980 | 1985 | 1990 | 1995 | 1999 | 2000 | 2001 |
|---------------|--------------------|------|------|------|------|------|------|------|
| | Number in millions | | | | | | | |
| HI and/or SMI | | | | | | | | |
| Total | 24.9 | 28.4 | 31.1 | 34.3 | 37.6 | 39.3 | 39.9 | 40.3 |
| Aged | 22.7 | 25.5 | 28.1 | 31.0 | 33.2 | 34.0 | 34.4 | 34.6 |
| Disabled | 2.2 | 3.0 | 2.9 | 3.3 | 4.4 | 5.3 | 5.5 | 5.7 |
| HI | | | | | | | | |
| Total | 24.5 | 28.0 | 30.6 | 33.7 | 37.2 | 38.9 | 39.5 | 39.9 |
| Aged | 22.3 | 25.0 | 27.7 | 30.5 | 32.7 | 33.6 | 34.0 | 34.2 |
| Disabled | 2.2 | 3.0 | 2.9 | 3.3 | 4.4 | 5.3 | 5.5 | 5.7 |
| SMI | | | | | | | | |
| Total | 23.7 | 27.3 | 29.9 | 32.6 | 35.6 | 37.1 | 37.5 | 37.8 |
| Aged | 21.8 | 24.6 | 27.2 | 29.6 | 31.7 | 32.4 | 32.7 | 32.9 |
| Disabled | 1.9 | 2.7 | 2.7 | 2.9 | 3.9 | 4.6 | 4.8 | 4.9 |
| HI and SMI | 23.4 | 26.8 | 29.4 | 32.1 | 35.2 | 36.7 | 37.1 | 37.4 |
| HI Only | 1.1 | 1.2 | 1.2 | 1.7 | 2.0 | 2.3 | 2.4 | 2.5 |
| SMI Only | 0.4 | 0.4 | 0.5 | 0.5 | 0.4 | 0.4 | 0.4 | 0.4 |

NOTES: Some historical data for 1975-1985 are from OIS and are as of July. All other historical (through 1999) and projected (2000 and 2001) data are from OACT and are calendar-year averages. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OACT/OIS

July 2000

**Medicare HI and/or SMI Enrollment Demographics
1999**

| | Total | Male | Female |
|------------------|------------|------------|------------|
| All Persons | 39,136,607 | 16,885,232 | 22,281,375 |
| Aged Persons | 33,909,014 | 13,899,440 | 20,009,574 |
| 65 - 74 | 17,611,662 | 7,956,238 | 9,655,424 |
| 75 - 84 | 12,026,902 | 4,728,830 | 7,298,072 |
| 85 and over | 4,270,450 | 1,214,372 | 3,056,078 |
| Disabled Persons | 5,227,593 | 2,955,792 | 2,271,801 |
| Under 45 | 1,630,665 | 959,432 | 671,233 |
| 45 - 54 | 1,559,112 | 884,370 | 674,742 |
| 55 - 64 | 2,037,816 | 1,111,990 | 925,826 |
| White | 33,029,633 | 14,202,757 | 18,826,876 |
| Black | 3,591,560 | 1,518,353 | 2,073,207 |
| All Other | 2,291,929 | 1,042,934 | 1,248,995 |
| Native American | 52,501 | 25,715 | 26,786 |
| Asian/Pacific | 380,662 | 167,392 | 213,270 |
| Hispanic | 803,111 | 381,195 | 421,916 |
| Other | 1,055,655 | 468,632 | 587,023 |
| Unknown Race | 223,485 | 91,188 | 132,297 |

NOTES: Data as of December. Totals do not necessarily equal the sum of the rounded components. Data by race are shown by the Office of Management and Budget Statistical Directive 15 (Federal Register, 1978). The use of the category of Other reflects HCFA's use of SSA's Master Beneficiary Record which was not expanded. See Arday et al., "HCFA's Racial and Ethnic Data: Current Accuracy and Recent Improvements," HCF Review, Vol. 21, No. 4.

SOURCE: HCFA/OIS

**Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics
1999**

| | Number of Enrollees |
|-------------|---------------------------|
| All Persons | 305,653 |
| Age | |
| Under 35 | 28,033 |
| 35-44 | 37,179 |
| 45-64 | 113,792 |
| 65 and over | 126,649 |
| Sex | |
| Male | 164,667 |
| Female | 140,986 |
| Race | |
| White | 163,495 |
| Non-white | 139,936 |
| Unknown | 2,222 |

NOTES: Data reflect persons ever enrolled. Based on the 1999 Denominator File.

SOURCE: HCFA/OIS

July 2000

Medicare HI Enrollment Demographics Selected Years

| Year | Number in thousands | Percent Distribution by Age | | | | | Median Age in Years | |
|------|------------------------|-----------------------------|-------|-------|-------|-------|------------------------|------|
| | | Total | 65-69 | 70-74 | 75-79 | 80-84 | | 85+ |
| 1966 | 19,082 | 100.0 | 34.1 | 28.7 | 19.8 | 11.2 | 6.2 | 72.6 |
| 1970 | 20,361 | 100.0 | 33.3 | 27.2 | 20.3 | 12.0 | 7.2 | 73.0 |
| 1975 | 22,472 | 100.0 | 33.5 | 26.3 | 19.3 | 12.5 | 8.4 | 73.0 |
| 1980 | 25,104 | 100.0 | 33.1 | 26.3 | 18.8 | 12.2 | 9.6 | 73.0 |
| 1985 | 27,683 | 100.0 | 31.9 | 26.3 | 19.2 | 12.3 | 10.3 | 73.3 |
| 1990 | 30,464 | 100.0 | 31.4 | 25.7 | 19.5 | 12.7 | 10.7 | 73.5 |
| 1992 | 31,585 | 100.0 | 30.3 | 26.2 | 19.5 | 13.0 | 11.0 | 73.6 |
| 1993 | 32,060 | 100.0 | 29.9 | 26.2 | 19.6 | 13.1 | 11.2 | 73.7 |
| 1994 | 32,409 | 100.0 | 29.3 | 26.5 | 19.5 | 13.3 | 11.4 | 73.8 |
| 1995 | 32,742 | 100.0 | 28.7 | 26.4 | 19.8 | 13.5 | 11.6 | 74.0 |
| 1996 | 33,022 | 100.0 | 28.3 | 26.2 | 20.2 | 13.6 | 11.7 | 74.1 |
| 1997 | 33,237 | 100.0 | 27.8 | 26.0 | 20.6 | 13.7 | 11.9 | 74.3 |
| 1998 | 33,410 | 100.0 | 27.2 | 25.8 | 20.9 | 13.9 | 12.2 | 74.4 |
| 1999 | 33,519 | 100.0 | 26.8 | 25.5 | 21.3 | 14.0 | 12.4 | 74.6 |

| Year | All Persons | Percent Distribution of Aged Enrollees by Sex and Race | | | | | |
|------|----------------|--|-------|---------------|---------|-------|---------------|
| | | Male | | | Female | | |
| | | Total | White | Non- White | Unknown | White | Non- White |
| 1966 | 100.0 | 42.6 | 38.6 | 3.4 | 0.6 | 57.4 | 4.1 |
| 1970 | 100.0 | 41.8 | 37.4 | 3.5 | 0.9 | 58.2 | 4.4 |
| 1975 | 100.0 | 40.8 | 36.2 | 3.6 | 1.0 | 59.2 | 4.7 |
| 1980 | 100.0 | 40.4 | 35.7 | 3.7 | 1.1 | 59.5 | 4.9 |
| 1985 | 100.0 | 40.3 | 35.4 | 3.7 | 1.2 | 59.7 | 5.1 |
| 1990 | 100.0 | 40.3 | 35.2 | 3.9 | 1.2 | 57.7 | 5.8 |
| 1992 | 100.0 | 40.4 | 34.9 | 4.0 | 1.4 | 59.6 | 6.1 |
| 1993 | 100.0 | 40.5 | 34.9 | 4.1 | 1.5 | 59.5 | 6.3 |
| 1994 | 100.0 | 40.6 | 36.0 | 3.7 | 0.9 | 59.4 | 5.6 |
| 1995 | 100.0 | 40.7 | 35.9 | 3.8 | 1.0 | 59.3 | 5.8 |
| 1996 | 100.0 | 40.8 | 35.9 | 3.9 | 1.0 | 59.2 | 5.9 |
| 1997 | 100.0 | 40.9 | 35.8 | 3.5 | 1.5 | 59.1 | 5.6 |
| 1998 | 100.0 | 41.0 | 35.8 | 3.6 | 1.5 | 59.0 | 5.8 |
| 1999 | 100.0 | 41.1 | 35.8 | na | na | 58.9 | na |

NOTE: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OIS/OSP

July 2000

**Medicare State Buy-Ins for SMI
1996 - 1999**

| Type of Beneficiary ¹ | 1996 | 1997 | 1998 | 1999 |
|----------------------------------|-----------|-----------|-----------|-----------|
| All Persons | | | | |
| Number | 5,000,659 | 5,088,980 | 5,109,228 | 5,391,704 |
| Percent of SMI Enrolled | 13.8 | 14.1 | 14.1 | 13.8 |
| Aged | | | | |
| Number | 3,404,151 | 3,445,079 | 3,458,786 | 3,562,777 |
| Percent of SMI Enrolled | 10.6 | 10.8 | 10.7 | 10.5 |
| Disabled | | | | |
| Number | 1,596,507 | 1,643,898 | 1,650,439 | 1,828,927 |
| Percent of SMI Enrolled | 38.4 | 39.0 | 36.9 | 35.8 |

¹ Beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year.
Percent calculated using July enrollment.

NOTE: Data for 1999 are estimated.

SOURCE: HCFA/OIS

July 2000

Medicaid Person Years and Recipients Selected Fiscal Years

| | 1975 | 1980 | 1985 | 1990 | 1995 | 1999 | 2000 | 2001 |
|---------------------|--------------------|------|------|------|------|------|------|------|
| Person Years | | | | | | | | |
| | Number in millions | | | | | | | |
| Total | n/a | n/a | n/a | 22.9 | 33.4 | 32.9 | 33.4 | 33.9 |
| Aged | n/a | n/a | n/a | 3.1 | 3.7 | 3.8 | 3.8 | 3.9 |
| Blind/Disabled | n/a | n/a | n/a | 3.8 | 5.8 | 6.6 | 6.7 | 6.8 |
| Children | n/a | n/a | n/a | 10.7 | 16.5 | 16.1 | 16.4 | 16.6 |
| Adults | n/a | n/a | n/a | 4.9 | 6.7 | 6.4 | 6.5 | 6.6 |
| Other Title XIX | n/a | n/a | n/a | 0.5 | 0.6 | n/a | n/a | n/a |
| Recipients | | | | | | | | |
| | Number in millions | | | | | | | |
| Total | 22.0 | 21.6 | 21.8 | 25.3 | 36.3 | 41.0 | 41.7 | 42.3 |
| Aged | 3.6 | 3.4 | 3.1 | 3.2 | 4.2 | 4.4 | 4.5 | 4.6 |
| Blind/Disabled | 2.5 | 2.9 | 3.0 | 3.7 | 6.0 | 7.3 | 7.4 | 7.5 |
| Children | 9.6 | 9.3 | 9.8 | 11.2 | 17.6 | 20.6 | 21.0 | 21.3 |
| Adults | 4.5 | 4.9 | 5.5 | 6.0 | 7.8 | 8.7 | 8.8 | 8.9 |
| Other Title XIX | 1.8 | 1.5 | 1.2 | 1.0 | 0.6 | n/a | n/a | n/a |

NOTES: Person Years represent the average monthly enrollment during the fiscal year. Prior to 1991, recipient categories do not add to total because recipients could be reported in more than one category. Totals after 1990 may not add due to rounding. Aged and Blind/Disabled eligibility groups include Qualified Medicare Beneficiaries (QMB) and Specified Low-Income Medicare Beneficiaries (SLMB). Children and Adult groups include both AFDC/TANF and poverty level recipients who are not disabled. Recipient data for fiscal years 1975-1995 are historical data from OIS as reported by states. Projections for fiscal years 1999-2001 were prepared by OACT from the Mid-Session Review of the President's FY 2001 budget. FY 1999-2001 do not include the State Children's Health Insurance Program (SCHIP). These estimates may differ from those based on Medicaid person-years of enrollment.

In 1997, the Other Title XIX category was dropped and the recipients therein were subsumed in the remaining categories. In 1998, Medicaid recipients were redefined to include eligibles on behalf of whom a capitation payment is paid. The large increase between 1995 and 1999 is primarily the result of this change of definition.

SOURCES: HCFA/CMSO/OIS/OACT

July 2000

Medicaid Recipient Demographics **Selected Fiscal Years**

| | 1995 | 1996 | 1997 | 1998 |
|--------------------------------|----------------------|--------|--------|--------|
| All Recipients in thousands | 36,282 | 36,118 | 33,579 | 40,649 |
| | Percent Distribution | | | |
| Age | 100.0 | 100.0 | 100.0 | 100.0 |
| Under 21 | 51.5 | 50.6 | 51.8 | 51.2 |
| 21 - 64 | 31.5 | 30.8 | 31.5 | 29.9 |
| 65 and over | 12.2 | 13.0 | 13.6 | 11.5 |
| Unknown | 4.8 | 5.6 | 3.0 | 7.4 |
| Sex | 100.0 | 100.0 | 100.0 | 100.0 |
| Male | 36.5 | 36.4 | 37.5 | 36.2 |
| Female | 58.5 | 57.9 | 59.4 | 55.1 |
| Unknown | 5.0 | 5.7 | 3.1 | 8.7 |
| Race | 100.0 | 100.0 | 100.0 | 100.0 |
| White | 45.5 | 44.8 | 46.1 | 41.3 |
| Black | 24.7 | 23.9 | 24.4 | 24.2 |
| American Indian/Alaskan Native | 0.8 | 0.8 | 1.0 | 0.8 |
| Asian/Pacific Islander | 2.2 | 2.1 | 2.0 | 2.5 |
| Hispanic | 17.2 | 17.5 | 14.8 | 15.6 |
| Unknown | 9.6 | 10.9 | 11.6 | 15.5 |

NOTES: The percent distribution is based on rounded numbers. Totals do not necessarily equal the sum of rounded components. These estimates may differ from those based on Medicaid person-years of enrollment. Beginning in FY 1998, Medicaid recipients were redefined to include those eligibles for whom a capitated payment was made.

SOURCE: HCFA/CMSO/OIS

July 2000

Life Expectancy at Birth and at Age 65 by Race and Sex: United States Selected Calendar Years

| Calendar Year | All Races | | | White | | | Black | | |
|------------------|---------------|------|-------|---------------|------|-------|---------------|------|-------|
| | Both Sexes | Men | Women | Both Sexes | Men | Women | Both Sexes | Men | Women |
| At Birth | | | | | | | | | |
| 1950 | 68.2 | 65.6 | 71.1 | 69.1 | 66.5 | 72.2 | 60.7 | 58.9 | 62.7 |
| 1980 | 73.7 | 70.0 | 77.4 | 74.4 | 70.7 | 78.1 | 68.1 | 63.8 | 72.5 |
| 1985 | 74.7 | 71.1 | 78.2 | 75.3 | 71.8 | 78.7 | 69.3 | 65.0 | 73.4 |
| 1990 | 75.4 | 71.8 | 78.8 | 76.1 | 72.7 | 79.4 | 69.1 | 64.5 | 73.6 |
| 1992 | 75.8 | 72.3 | 79.1 | 76.5 | 73.2 | 79.8 | 69.6 | 65.0 | 73.9 |
| 1994 | 75.7 | 72.4 | 79.0 | 76.5 | 73.3 | 79.6 | 69.5 | 64.9 | 73.9 |
| 1995 | 75.8 | 72.5 | 78.9 | 76.5 | 73.4 | 79.6 | 69.6 | 65.2 | 73.9 |
| 1996 | 76.1 | 73.1 | 79.1 | 76.8 | 73.9 | 79.7 | 70.2 | 66.1 | 74.2 |
| 1997 | 76.5 | 73.6 | 79.4 | 77.1 | 74.3 | 79.9 | 71.1 | 67.2 | 74.7 |
| 1998 | 76.7 | 73.8 | 79.5 | 77.3 | 74.5 | 80.0 | 71.3 | 67.6 | 74.8 |
| At Age 65 | | | | | | | | | |
| 1950 | 13.9 | 12.8 | 15.0 | NA | 12.8 | 15.1 | 13.9 | 12.9 | 14.9 |
| 1980 | 16.4 | 14.1 | 18.3 | 16.5 | 14.2 | 18.4 | 15.1 | 13.0 | 16.8 |
| 1985 | 16.7 | 14.5 | 18.5 | 16.8 | 14.5 | 18.7 | 15.2 | 13.0 | 16.9 |
| 1990 | 17.2 | 15.1 | 18.9 | 17.3 | 15.2 | 19.1 | 15.4 | 13.2 | 17.2 |
| 1992 | 17.5 | 15.4 | 19.2 | 17.6 | 15.5 | 19.3 | 15.7 | 13.5 | 17.4 |
| 1994 | 17.4 | 15.5 | 19.0 | 17.5 | 15.6 | 19.1 | 15.7 | 13.6 | 17.2 |
| 1995 | 17.4 | 15.6 | 18.9 | 17.6 | 15.7 | 19.1 | 15.6 | 13.6 | 17.1 |
| 1996 | 17.5 | 15.7 | 19.0 | 17.6 | 15.8 | 19.1 | 15.8 | 13.9 | 17.2 |
| 1997 | 17.7 | 15.9 | 19.2 | 17.8 | 16.0 | 19.3 | 16.1 | 14.2 | 17.6 |
| 1998 | 17.8 | 16.0 | 19.2 | 17.8 | 16.1 | 19.3 | 16.1 | 14.3 | 17.4 |

SOURCE: Public Health Service, Health United States, 2000.

July 2000

Life Expectancy at Age 65
Based on U.S. Life Table Functions

| Calendar Year | Male | Female |
|-------------------|------|--------|
| Number in years | | |
| 1965 | 12.9 | 16.3 |
| 1970 | 13.1 | 17.1 |
| 1975 | 13.7 | 18.0 |
| 1980 | 14.0 | 18.4 |
| 1985 | 14.4 | 18.6 |
| 1990 | 15.0 | 19.0 |
| 1991 | 15.1 | 19.1 |
| 1992 | 15.2 | 19.2 |
| 1993 | 15.1 | 19.0 |
| 1994 | 15.3 | 19.0 |
| 1995 | 15.6 | 19.0 |
| 1996 ¹ | 15.5 | 19.2 |
| 1997 ¹ | 15.6 | 19.2 |
| 1998 ² | 15.7 | 19.3 |
| 1999 ² | 15.7 | 19.3 |
| 2000 ² | 15.8 | 19.3 |
| 2005 ² | 16.1 | 19.5 |
| 2010 ² | 16.2 | 19.6 |
| 2015 ² | 16.4 | 19.8 |
| 2020 ² | 16.6 | 19.9 |
| 2025 ² | 16.8 | 20.2 |
| 2030 ² | 17.1 | 20.4 |
| 2035 ² | 17.3 | 20.7 |
| 2040 ² | 17.5 | 20.9 |
| 2045 ² | 17.7 | 21.1 |
| 2050 ² | 17.9 | 21.3 |
| 2055 ² | 18.1 | 21.5 |
| 2060 ² | 18.2 | 21.7 |
| 2065 ² | 18.4 | 21.9 |
| 2070 ² | 18.6 | 22.1 |

¹ Preliminary

² Estimated

NOTE: The life expectancy is the average number of years of life remaining to a person if he were to experience the age-specific mortality rates for the tabulated year throughout the remainder of his life.

SOURCE: SSA/OACT

July 2000

V. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., discharges, days of care; and (3) dimension of the services rendered, e.g. length of stay, charges per day. Utilization data are distributed for program coverage categories and type of service.

HIGHLIGHTS

- o The number of aged Medicare enrollees who received a covered service increased from 528 per 1,000 in 1975 to 918 per 1,000 enrollees in 1998.*
- o The number of disabled Medicare enrollees receiving services per 1,000 enrollees increased from 450 to 821 during the same period.*
- o The total number of all outpatient visits in the United States and the adjusted expense per patient day has increased steadily since 1983.*
- o The Medicare average length of stay for all short-stay and excluded units has been dropping for the past several years.*
- o The Medicare aged persons served rate per 1,000 enrollees for Medicare skilled nursing facilities has grown five-fold from 1982 to 1999. During the same period, the home health agencies Medicare aged persons served rate per 1,000 enrollees has increased nearly three-fold.*

Medicare Short-Stay Hospital Utilization Selected Fiscal Years

| | 1990 | 1996 | 1997 | 1998 | 1999 ¹ |
|---------------------------------------|---------|---------|---------|---------|-------------------|
| Discharges | | | | | |
| Total in millions | 10.5 | 11.7 | 11.9 | 11.9 | 11.5 |
| Rate per 1,000 Enrollees ² | 313 | 312 | 317 | 319 | 301 |
| Days of Care | | | | | |
| Total in millions | 94 | 78 | 76 | 74 | 71 |
| Rate per 1,000 Enrollees ² | 2,805 | 2,074 | 2,014 | 1,972 | 1,842 |
| Average Length of Stay | | | | | |
| All short-stay | 9.0 | 6.7 | 6.4 | 6.2 | 6.1 |
| Excluded Units ³ | 19.5 | 14.0 | 13.4 | 12.9 | 12.6 |
| Total Charges per Day | \$1,060 | \$2,002 | \$2,167 | \$2,332 | \$2,495 |

¹ Data as of 12/99 for fiscal year 1999 should be treated as preliminary.

² The population base is HI enrollment excluding HI enrollees residing in Foreign countries and should be treated as preliminary.

³ Includes alcohol/drug, psychiatric, and rehabilitation units through 1996, and psychiatric and rehabilitations units from 1997 through 1999.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. The data for 1990 through 1999 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: HCFA/OIS

July 2000

Medicare Short-Stay Hospital Days per Person by Days of Care Calendar Year 1998

| Total Days of Care | Persons Using Number of Days | Percent Distribution | Cumulative Percent Distribution | Total Days Used | Percent Distribution | Days Per Person |
|-----------------------|------------------------------------|-------------------------|---------------------------------------|--------------------|-------------------------|-----------------------|
| TOTAL | 7,049,655 | 100.0 | 100.0 | 71,582,615 | 100.0 | 10.2 |
| 1 day | 602,915 | 8.6 | 8.6 | 602,915 | 0.8 | 1.0 |
| 2 days | 711,565 | 10.1 | 18.6 | 1,423,130 | 2.0 | 2.0 |
| 3 days | 782,685 | 11.1 | 29.7 | 2,348,055 | 3.3 | 3.0 |
| 4 days | 682,585 | 9.7 | 39.4 | 2,730,340 | 3.8 | 4.0 |
| 5 days | 554,745 | 7.9 | 47.3 | 2,773,725 | 3.9 | 5.0 |
| 6 days | 453,645 | 6.4 | 53.7 | 2,721,870 | 3.8 | 6.0 |
| 7 days | 388,290 | 5.5 | 59.2 | 2,718,030 | 3.8 | 7.0 |
| 8 days | 316,030 | 4.5 | 63.7 | 2,528,240 | 3.5 | 8.0 |
| 9 days | 261,480 | 3.7 | 67.4 | 2,353,320 | 3.3 | 9.0 |
| 10 days | 224,895 | 3.2 | 70.6 | 2,248,950 | 3.1 | 10.0 |
| 11 days | 194,685 | 2.8 | 73.4 | 2,141,535 | 3.0 | 11.0 |
| 12 days | 169,275 | 2.4 | 75.8 | 2,031,300 | 2.8 | 12.0 |
| 13 days | 150,370 | 2.1 | 77.9 | 1,954,810 | 2.7 | 13.0 |
| 14 days | 136,730 | 1.9 | 79.9 | 1,914,220 | 2.7 | 14.0 |
| 15 days | 121,490 | 1.7 | 81.6 | 1,822,350 | 2.5 | 15.0 |
| 16 days | 105,580 | 1.5 | 83.1 | 1,689,280 | 2.4 | 16.0 |
| 17 days | 94,435 | 1.3 | 84.4 | 1,605,395 | 2.2 | 17.0 |
| 18 days | 85,715 | 1.2 | 85.6 | 1,542,870 | 2.2 | 18.0 |
| 19 days | 76,275 | 1.1 | 86.7 | 1,449,225 | 2.0 | 19.0 |
| 20 days | 70,290 | 1.0 | 87.7 | 1,405,800 | 2.0 | 20.0 |
| 21-30 days | 440,850 | 6.3 | 94.0 | 10,929,550 | 15.3 | 24.8 |
| 31-40 days | 196,010 | 2.8 | 96.7 | 6,836,030 | 9.5 | 34.9 |
| 41-50 days | 97,950 | 1.4 | 98.1 | 4,405,255 | 6.2 | 45.0 |
| 51-60 days | 53,045 | 0.8 | 98.9 | 2,920,295 | 4.1 | 55.1 |
| 61-90 days | 58,620 | 0.8 | 99.7 | 4,202,965 | 5.9 | 71.7 |
| 91 days or more | 19,500 | 0.3 | 100.0 | 2,283,160 | 3.2 | 117.1 |

NOTE: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays. Days from all stays are combined. Calendar year data are derived from 1998 MEDPAR stay file. This file includes stays recorded in HCFA central office through June 1999. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCES: HCFA/OSP

July 2000

**Medicare Short-Stay Hospital Discharges by Length of Stay
Calendar Year 1998**

| Total Length of Stay | Discharges (aged and disabled) | | | Total Days of Care | | |
|----------------------------|--------------------------------|-------------------------|---------------------------------------|--------------------|-------------------------|---------------------------------------|
| | Number | Percent Distribution | Cumulative Percent Distribution | Number | Percent Distribution | Cumulative Percent Distribution |
| TOTAL | 11,677,045 | 100.0 | -- | 71,582,615 | 100.0 | -- |
| 1 day | 1,346,250 | 11.5 | 11.5 | 1,346,250 | 1.9 | 1.9 |
| 2 days | 1,557,870 | 13.3 | 24.9 | 3,115,740 | 4.4 | 6.2 |
| 3 days | 1,711,660 | 14.7 | 39.5 | 5,134,980 | 7.2 | 13.4 |
| 4 days | 1,472,860 | 12.6 | 52.1 | 5,891,440 | 8.2 | 21.6 |
| 5 days | 1,144,870 | 9.8 | 61.9 | 5,724,350 | 8.0 | 29.6 |
| 6 days | 888,955 | 7.6 | 69.6 | 5,333,730 | 7.5 | 37.1 |
| 7 days | 725,900 | 6.2 | 75.8 | 5,081,300 | 7.1 | 44.2 |
| 8 days | 538,040 | 4.6 | 80.4 | 4,304,320 | 6.0 | 50.2 |
| 9 days | 398,000 | 3.4 | 83.8 | 3,582,000 | 5.0 | 55.2 |
| 10 days | 307,215 | 2.6 | 86.4 | 3,072,150 | 4.3 | 59.5 |
| 11 days | 244,200 | 2.1 | 88.5 | 2,686,200 | 3.8 | 63.2 |
| 12 days | 192,105 | 1.6 | 90.2 | 2,305,260 | 3.2 | 66.5 |
| 13 days | 163,990 | 1.4 | 91.6 | 2,131,870 | 3.0 | 69.4 |
| 14 days | 149,710 | 1.3 | 92.8 | 2,095,940 | 2.9 | 72.4 |
| 15 days | 117,535 | 1.0 | 93.9 | 1,763,025 | 2.5 | 74.8 |
| 16 days | 90,280 | 0.8 | 94.6 | 1,444,480 | 2.0 | 76.9 |
| 17 days | 76,640 | 0.7 | 95.3 | 1,302,880 | 1.8 | 78.7 |
| 18 days | 65,070 | 0.6 | 95.8 | 1,171,260 | 1.6 | 80.3 |
| 19 days | 54,615 | 0.5 | 96.3 | 1,037,685 | 1.4 | 81.8 |
| 20 days | 48,850 | 0.4 | 96.7 | 977,000 | 1.4 | 83.1 |
| 21-30 days | 250,405 | 2.1 | 98.9 | 6,109,265 | 8.5 | 91.7 |
| 31-40 days | 73,020 | 0.6 | 99.5 | 2,529,555 | 3.5 | 95.2 |
| 41-50 days | 28,940 | 0.2 | 99.7 | 1,297,745 | 1.8 | 97.0 |
| 51-60 days | 13,295 | 0.1 | 99.9 | 730,895 | 1.0 | 98.0 |
| 61-90 days | 12,495 | 0.1 | 100.0 | 892,190 | 1.2 | 99.3 |
| 91 days or more | 4,275 | 0.0 | 100.0 | 521,105 | 0.7 | 100.0 |

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 1998 MEDPAR stay file. This file includes stays recorded in HCFA central office through June 1999. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCES: HCFA/OSP

July 2000

Medicare Short-Stay Hospital DRGs Ranked by Discharges Fiscal Year 1998

| Rank | DRG No. | DRG Relative Weight | Discharges ¹ | | Average Length of Stay | Average Charge Per Discharge | Total Payments ² (in thousands) | Total Medicare Payments (in thousands) | Beneficiary Payments ³ (in thousands) | Average Payments ⁴ | |
|------|---------|---------------------|-------------------------|---------|------------------------|------------------------------|---|---|---|-------------------------------|-------------|
| | | | Number | Percent | | | | | | Total | Beneficiary |
| | | | 11,952,079 | 100.0 | 6.7 | \$14,359 | \$86,662,865 | \$79,908,028 | \$6,754,836 | \$ 7,251 | \$ 6,686 |
| 1 | 127 | 1.0199 | 727,523 | 6.1 | 5.4 | 9,831 | 3,565,129 | 3,200,674 | 364,455 | 4,900 | 4,399 |
| 2 | 089 | 1.1006 | 512,593 | 4.3 | 6.1 | 10,267 | 5,560,507 | 5,262,937 | 297,570 | 10,848 | 10,267 |
| 3 | 088 | 0.9705 | 399,638 | 3.3 | 5.3 | 8,860 | 1,773,617 | 1,551,369 | 222,247 | 4,438 | 3,882 |
| 4 | 014 | 1.1889 | 359,625 | 3.0 | 6.1 | 11,564 | 2,059,736 | 1,840,866 | 218,870 | 5,727 | 5,119 |
| 5 | 209 | 2.2337 | 356,006 | 3.0 | 5.1 | 20,113 | 3,590,828 | 3,349,736 | 241,093 | 10,086 | 9,409 |
| 6 | 430 | 0.8073 | 309,257 | 2.6 | 11.7 | 12,019 | 1,982,907 | 1,794,802 | 188,105 | 6,412 | 5,804 |
| 7 | 116 | 2.5321 | 273,202 | 2.3 | 3.9 | 24,181 | 3,293,131 | 3,139,220 | 153,911 | 12,054 | 11,490 |
| 8 | 174 | 0.9925 | 251,520 | 2.1 | 4.8 | 9,642 | 1,188,011 | 1,047,723 | 140,288 | 4,723 | 4,166 |
| 9 | 182 | 0.7664 | 237,678 | 2.0 | 4.3 | 7,404 | 856,426 | 726,656 | 129,770 | 3,603 | 3,057 |
| 10 | 462 | 1.4041 | 235,855 | 2.0 | 13.8 | 17,263 | 2,344,070 | 2,289,963 | 54,106 | 9,939 | 9,709 |
| 11 | 296 | 0.8657 | 235,799 | 2.0 | 5.3 | 8,373 | 1,009,186 | 891,883 | 117,304 | 4,280 | 3,782 |
| 12 | 416 | 1.4838 | 216,085 | 1.8 | 7.3 | 14,652 | 1,581,436 | 1,463,381 | 118,055 | 7,319 | 6,772 |
| 13 | 138 | 0.7962 | 205,129 | 1.7 | 4.0 | 7,860 | 779,084 | 667,005 | 112,079 | 3,798 | 3,252 |
| 14 | 079 | 1.6258 | 204,714 | 1.7 | 8.4 | 15,820 | 1,614,009 | 1,506,424 | 107,585 | 7,884 | 7,359 |
| 15 | 320 | 0.8782 | 184,455 | 1.5 | 5.4 | 8,441 | 789,761 | 687,272 | 102,489 | 4,282 | 3,726 |
| 16 | 143 | 0.5200 | 175,090 | 1.5 | 2.2 | 5,204 | 434,134 | 327,328 | 106,807 | 2,479 | 1,869 |
| 17 | 121 | 1.6537 | 170,044 | 1.4 | 6.5 | 15,185 | 1,144,844 | 1,144,030 | 91,185 | 6,733 | 6,728 |
| 18 | 132 | 0.6749 | 168,525 | 1.4 | 3.1 | 6,363 | 517,814 | 430,525 | 87,289 | 3,073 | 2,555 |
| 19 | 124 | 1.3565 | 145,740 | 1.2 | 4.4 | 13,729 | 939,565 | 860,877 | 78,688 | 6,447 | 5,907 |
| 20 | 015 | 0.7241 | 145,465 | 1.2 | 3.7 | 7,111 | 496,238 | 405,722 | 90,516 | 3,411 | 2,789 |
| 21 | 148 | 3.3883 | 144,289 | 1.2 | 12.1 | 33,258 | 2,482,000 | 2,390,546 | 91,453 | 17,202 | 16,568 |
| 22 | 210 | 1.8265 | 134,991 | 1.1 | 6.8 | 17,208 | 1,163,899 | 1,078,892 | 85,008 | 8,622 | 7,992 |
| 23 | 478 | 2.2981 | 119,926 | 1.0 | 7.3 | 23,809 | 1,446,107 | 1,382,537 | 63,569 | 12,058 | 11,528 |
| 24 | 475 | 3.7291 | 110,704 | 0.9 | 11.1 | 37,112 | 2,130,929 | 2,062,978 | 67,950 | 19,249 | 18,635 |
| 25 | 106 | 5.5843 | 101,672 | 0.9 | 10.5 | 54,591 | 2,726,287 | 2,667,814 | 58,473 | 26,815 | 26,239 |

1 Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.

2 Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments and beneficiary obligations excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.

3 Beneficiary payments are the responsibility of the beneficiary or other third party payer.

4 Average payments are calculated using actual dollar amount, not rounded data as shown.

SOURCE: HCFA/OIS

July 2000

Medicare Ranking for all Short-Stay Hospitals Fiscal Year 1998 versus 1997

| FY Rank | | DRG Number | Descriptions |
|---------|------|---------------|--|
| 1998 | 1997 | | |
| 1 | 1 | 127 | Heart Failure and Shock |
| 2 | 2 | 089 | Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions |
| 3 | 3 | 088 | Chronic Obstructive Pulmonary Disease |
| 4 | 4 | 014 | Specific Cerebrovascular Disorders Except Transient Ischemic Attack |
| 5 | 5 | 209 | Major Joint and Limb Reattachment Procedures |
| 6 | 6 | 430 | Psychoses |
| 7 | 31 | 116 | Other permanent cardiac pacemaker implant or PTCA with Coronary Artery Stent Implant |
| 8 | 7 | 174 | Gastrointestinal Hemorrhage with Complicating Conditions |
| 9 | 11 | 182 | Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions |
| 10 | 13 | 462 | Rehabilitation |
| 11 | 9 | 296 | Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions |
| 12 | 12 | 416 | Septicemia, Age over 17 |
| 13 | 14 | 138 | Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions |
| 14 | 8 | 079 | Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions |
| 15 | 15 | 320 | Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions |
| 16 | 21 | 143 | Chest Pain |
| 17 | 17 | 121 | Circulatory Disorders with Acute Myocardial Infarction, with Cardiovascular Complications, Discharged Alive |
| 18 | 16 | 132 | Atherosclerosis with Complicating Conditions |
| 19 | 18 | 124 | Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis |
| 20 | 20 | 015 | Transient Ischemic Attack and Precerebral Occlusions |
| 21 | 19 | 148 | Major Small and Large Bowel Procedures with Complicating Conditions |
| 22 | 22 | 210 | Hip and Femur Procedures except Major Joint, Age over 17 with Complicating Conditions |
| 23 | 23 | 478 | Other Vascular Procedures with Complicating Conditions |
| 24 | 24 | 475 | Respiratory System Diagnosis with Ventilator Support |
| 25 | 26 | 106 | Coronary Bypass with Cardiac Catheter |

SOURCE: HCFA/OIS

July 2000

Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1998

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges ¹ |
|--------------------------------------|---|------------------|---|
| All Procedure Codes ² | | | |
| Leading Procedure Codes ³ | | | |
| 99213 | Office/outpatient evaluation and management, established patient, level 3 | \$57,897,999,665 | 100.0 |
| 99214 | Evaluation and Management, established patient, level 4 | 28,888,226,668 | 49.9 |
| 99232 | Subsequent hospital care, per day, evaluation and management, level 2 | \$3,355,564,537 | 5.8 |
| 66984 | Remove cataract, insert lens | \$2,030,012,506 | 3.5 |
| 99233 | Subsequent hospital care, per day, evaluation and management, level 3 | \$1,860,307,452 | 3.2 |
| 99231 | Subsequent hospital care, per day, evaluation and management, level 1 | \$1,806,106,084 | 3.1 |
| 99212 | Office/outpatient visit, established patient, level 2 | \$932,957,775 | 1.6 |
| 99223 | Initial hospital care for evaluation and management, level 3 | \$853,745,847 | 1.5 |
| 99215 | Office/outpatient evaluation and management, established patient, level 5 | \$803,885,280 | 1.4 |
| 88305 | Tissue exam by pathologist, level 3 | \$655,597,205 | 1.1 |
| 99254 | Initial inpatient consultation for a new or established patient, level 4 | \$581,912,518 | 1.0 |
| 93307 | Echocardiography, real-time with image documentation (2D), complete | \$532,112,324 | 0.9 |
| 99244 | Office consultation for a new or established patient, level 4 | \$524,536,112 | 0.9 |
| 99285 | Emergency department visit for evaluation and management, level 5 | \$487,330,494 | 0.8 |
| 99284 | Emergency department visit, level 4 | \$418,598,261 | 0.7 |
| 99255 | Initial inpatient consultation, level 5 | \$416,871,084 | 0.7 |
| 90921 | ESRD related services, age 20 and over | \$401,301,065 | 0.7 |
| 99238 | Hospital discharge day management | \$396,000,043 | 0.7 |
| 99312 | Subsequent nursing facility care, level 2 | \$388,947,463 | 0.7 |
| 92014 | Eye exam & treatment | \$375,369,693 | 0.6 |
| 99222 | Initial hospital care, for evaluation and management, level 2 | \$372,234,931 | 0.6 |
| 78465 | Heart image (3D) multiple | \$367,510,548 | 0.6 |
| 99291 | Critical care, first hour | \$345,109,225 | 0.6 |
| 27447 | Total knee replacement | \$327,987,218 | 0.6 |
| 71020 | Radiologic examination, chest, two views, frontal and lateral | \$315,076,827 | 0.5 |
| 99283 | Emergency department evaluation and management, level 3 | \$278,036,832 | 0.5 |
| 93000 | Electrocardiogram, complete, with at least 12 leads, interpretation & report | \$277,516,931 | 0.5 |
| 99243 | Office consultation, for new or established patient, moderate severity, level 3 | \$273,794,822 | 0.5 |
| 99203 | Office/outpatient visit, new, evaluation and management, low complexity | \$269,739,246 | 0.5 |
| | | \$267,557,562 | 0.5 |
| | | \$260,872,807 | 0.5 |

Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1998

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges ¹ |
|----------------|---|-----------------|---|
| 99245 | Office consultation for a new or established patient, level 5 | \$259,460,317 | 0.4 |
| 99204 | Office/outpatient visit, new patient, level 4 | \$257,302,570 | 0.4 |
| 33533 | Coronary artery bypass, using arterial graft(s); single arterial graft | \$256,095,322 | 0.4 |
| 99311 | Subsequent nursing facility care, per day, for evaluation, level 1 | \$254,208,814 | 0.4 |
| 45378 | Diagnostic colonoscopy | \$247,712,693 | 0.4 |
| 99253 | Initial inpatient consultation, for a new or established patient, level 3 | \$242,411,691 | 0.4 |
| 90806 | Individual psychotherapy 45-50 minutes | \$238,837,141 | 0.4 |
| 11721 | Debride nail, 6 or more | \$223,025,080 | 0.4 |
| 43239 | Upper GI endoscopy, including esophagus biopsy | \$216,511,400 | 0.4 |
| 92980 | Insert intracoronary stent, single vessel | \$216,277,772 | 0.4 |
| 93320 | Doppler echo exam, heart, pulsed wave and/or continuous wave | \$201,464,411 | 0.3 |
| 45385 | Colonoscopy, with removal of tumor, polyp, or lesion | \$200,185,183 | 0.3 |
| 77430 | Weekly radiation therapy management, level 4 | \$197,475,975 | 0.3 |
| 66821 | Laser surgery (YAG laser), one or more stages | \$195,632,299 | 0.3 |
| 93010 | Electrocardiogram, interpretation and report only | \$193,531,309 | 0.3 |
| 90862 | Medication management including prescription use and review of medication | \$192,104,379 | 0.3 |
| 92012 | Ophthalmological medical exam/evaluation, established patient | \$188,854,987 | 0.3 |
| 70553 | Magnetic image, brain | \$186,413,712 | 0.3 |
| 93510 | Left heart catheterization, retrograde, from brachial, axillary or femoral artery | \$185,575,276 | 0.3 |
| 98940 | Chiropractic manipulation treatment, spinal, one or two regions | \$176,318,816 | 0.3 |
| 98941 | Chiropractic manipulation, three to four regions | \$170,607,670 | 0.3 |
| 00142 | Anesthesia for lens surgery | \$167,605,865 | 0.3 |
| 93880 | Duplex scan of extracranial arteries, complete bilateral study | \$167,245,220 | 0.3 |
| 99205 | Office/outpatient visit, new patient, level 5 | \$158,391,069 | 0.3 |
| 93325 | Doppler echocardiography color flow add on | \$157,061,038 | 0.3 |
| 71010 | Chest x-ray, single view, frontal | \$156,713,810 | 0.3 |
| 76092 | Mammogram, screening, two view film study of each breast | \$146,481,991 | 0.3 |
| 99202 | Office/outpatient visit for new patient, level 2 | \$140,589,878 | 0.2 |
| 67210 | Treatment of retinal lesion, photocoagulation (laser or xenon arc) | \$139,733,657 | 0.2 |
| 00562 | Anesthesia, open heart surgery, level 2 | \$132,576,538 | 0.2 |

Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1998

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges ¹ |
|----------------|---|-----------------|---|
| 93015 | Cardiovascular stress test with physician supervision | \$131,444,641 | 0.2 |
| 27130 | Total hip replacement, with or without autograft or allograft | \$130,946,630 | 0.2 |
| 99313 | Subsequent nursing facility care, new or established patient, level 3 | \$129,404,295 | 0.2 |
| 35301 | Rechanneling of artery | \$128,094,234 | 0.2 |
| 27244 | Repair of thigh fracture, with plate/screw type implant, with or without cerclage | \$125,144,979 | 0.2 |
| 45380 | Colonoscopy with biopsy, single or multiple | \$123,306,494 | 0.2 |
| 70450 | CAT scan of head or brain | \$123,141,428 | 0.2 |
| 92004 | Eye exam, new patient, level 2 | \$121,925,508 | 0.2 |
| 72148 | Magnetic image, lumbar spine | \$119,660,186 | 0.2 |
| 99211 | Office/outpatient visit, established patient, level 1 | \$119,263,970 | 0.2 |
| 80061 | Lipid panel | \$115,497,219 | 0.2 |
| 97110 | Therapeutic exercises, one or more areas, 15 minutes each | \$113,472,570 | 0.2 |
| 85025 | Automated hemogram and platelet count | \$112,974,285 | 0.2 |
| 74160 | Contrast CAT scan of abdomen, level 1 | \$111,982,957 | 0.2 |
| 90935 | Hemodialysis, with single physician evaluation | \$111,838,690 | 0.2 |
| 17000 | Destruction of benign/premalignant lesion | \$110,351,085 | 0.2 |
| 90801 | Psychiatric diagnostic interview examination | \$108,970,163 | 0.2 |
| 27236 | Repair of thigh fracture, internal fixation | \$107,307,756 | 0.2 |
| 20610 | Drain/inject joint/bursa | \$106,494,905 | 0.2 |
| 84443 | Thyroid stimulating hormone (TSH) | \$105,786,014 | 0.2 |
| 99242 | Office consultation, new or established patient, level 2 | \$102,697,226 | 0.2 |
| 52000 | Cystoscopy | \$97,313,620 | 0.2 |
| 90807 | Psychotherapy with medical evaluation & management services, office (45-50) | \$96,827,835 | 0.2 |
| 76075 | Dual energy x-ray bone study, one or more sites | \$96,172,614 | 0.2 |
| 80054 | Comprehensive metabolic panel | \$95,208,789 | 0.2 |

¹ Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

² The total number of procedure codes is approximately 10,000.

³ Allowed charges were aggregated by procedure code. The above listed 84 procedure codes account for approximately 50 % of the allowed charges.

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SOURCE: HCFA/OIS

July 2000

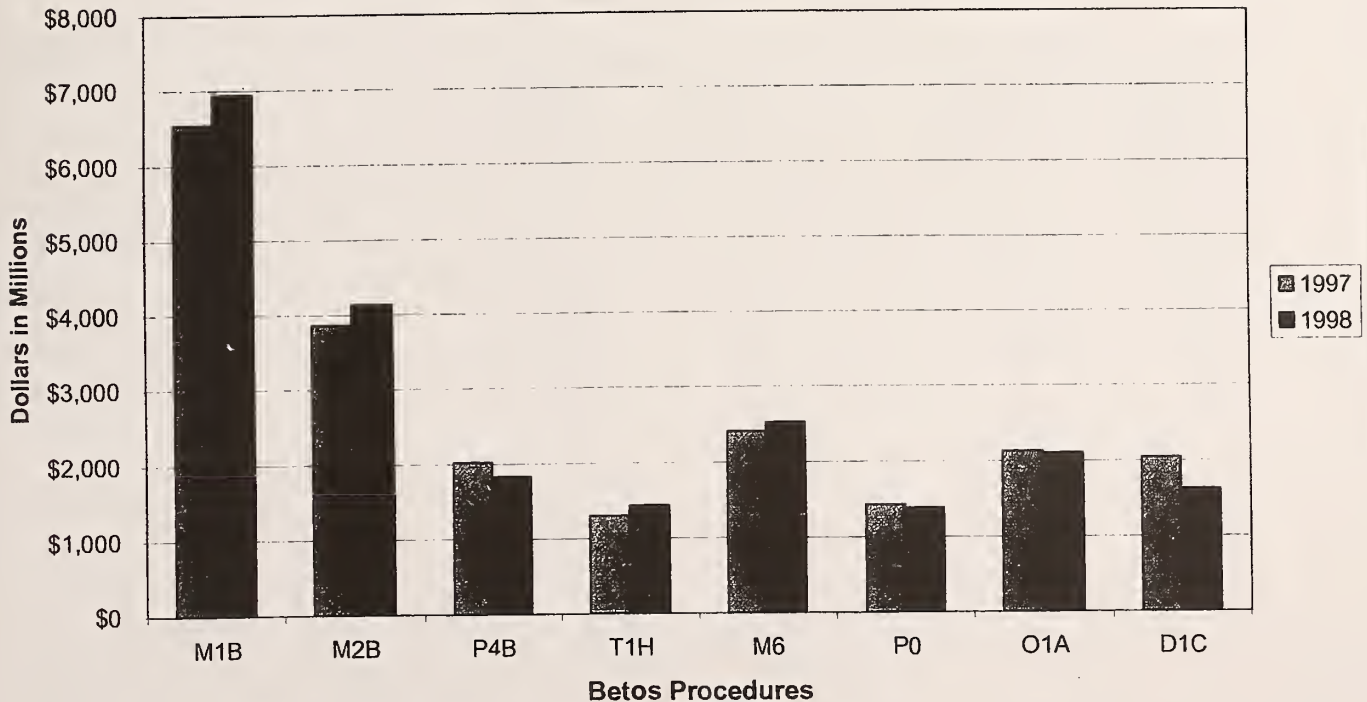
**Leading Medicare Physician and Supplier BETOS
Procedures, Based on Allowed Charges
Calendar Years 1997 and 1998**

| Betos Code | Description | Medicare Allowed Charges | |
|---------------|--|--------------------------|-----------------|
| | | 1997 | 1998 |
| M1B | Office Visits - Established | \$6,540,647,433 | \$6,942,464,219 |
| M2B | Hospital Visit - Subsequent | 3,860,984,846 | 4,131,985,525 |
| P4B | Eye Procedure - Cataract/Removal Lens Insertion | 2,018,543,038 | 1,829,982,079 |
| T1H | Lab Tests - Other (Non-Medicare Fee Schedule) | 1,303,872,049 | 1,431,206,074 |
| M6 | Consultations | 2,407,937,740 | 2,524,427,763 |
| P0 | Anesthesia | 1,427,783,605 | 1,383,319,173 |
| O1A | Ambulance | 2,128,830,827 | 2,106,355,598 |
| D1C | Oxygen and Supplies | 2,046,046,531 | 1,622,677,290 |

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Health Care Financing Administration effort.

SOURCE: HCFA/OIS

Betos Allowed Charges



SOURCE: HCFA/OIS

July 2000

Medicare Persons Served Selected Calendar Years

| | 1975 | 1980 | 1985 | 1995 | 1997 | 1998 |
|--|------|------|------|------|------|------|
| Aged Persons Served per 1,000 Enrollees | | | | | | |
| HI and/or SMI | 528 | 638 | 722 | 826 | 917 | 918 |
| HI | 221 | 240 | 219 | 218 | 254 | 243 |
| SMI | 536 | 652 | 739 | 858 | 959 | 964 |
| Disabled Persons Served per 1,000 Enrollees | | | | | | |
| HI and/or SMI | 450 | 594 | 669 | 759 | 826 | 821 |
| HI | 219 | 246 | 228 | 212 | 218 | 206 |
| SMI | 471 | 634 | 715 | 837 | 925 | 925 |

NOTES: Prior to 1997, data were obtained from the Annual Person Summary Record. Beginning in 1997, utilization rates are based on persons receiving fee-for-service care and total persons not enrolled in prepaid health plans. For the period 1975-1995, users of hospice services were excluded.

SOURCE: HCFA/OIS/OSP

Medicare Persons Served by Type of Service Calendar Year 1998

| | Aged | | Disabled | |
|--|--|---|--|---|
| | Persons Served in thousands ¹ | Served per 1,000 Enrollees ² | Persons Served in thousands ¹ | Served per 1,000 Enrollees ² |
| Hospital and/or Supplementary Medical Insurance | 26,471 | 918 | 3,792 | 821 |
| Hospital Insurance | 6,654 | 243 | 952 | 206 |
| Inpatient Hospital | 5,889 | 215 | 891 | 193 |
| Skilled Nursing Facility | 1,437 | 53 | 73 | 16 |
| Home Health Agency | 2,274 | 83 | 204 | 44 |
| Hospice | 401 | 15 | 21 | 5 |
| Supplementary Medical Insurance | 25,287 | 964 | 3,756 | 925 |
| Physician/Other Supplier | 24,823 | 946 | 3,619 | 891 |
| Outpatient | 17,795 | 678 | 2,629 | 647 |
| Home Health Agency | 1,256 | 49 | 125 | 31 |

¹ Medicare enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in HCFA Central Office.

² Rates exclude members of prepaid health care plans.

³ Less than 500.

SOURCE: HCFA/OSP

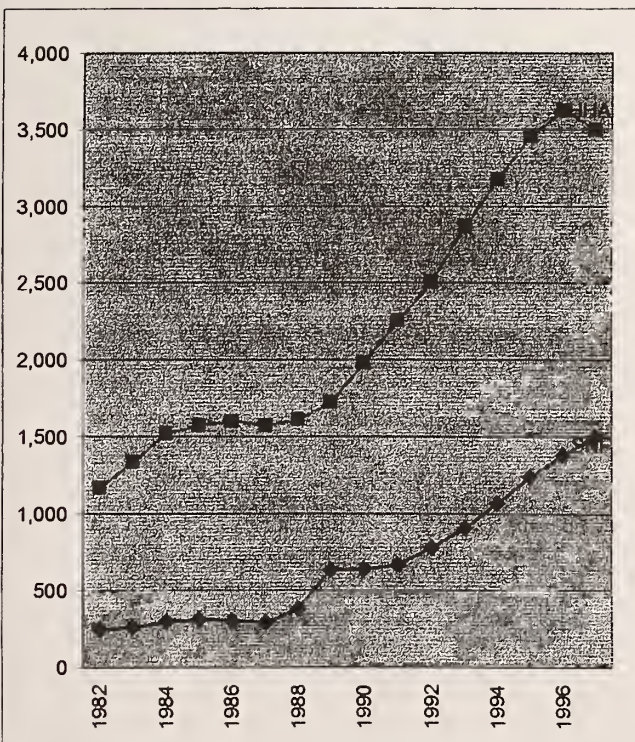
July 2000

Medicare Use of Selected Types of Long Term Care Calendar Years 1982 - 1998

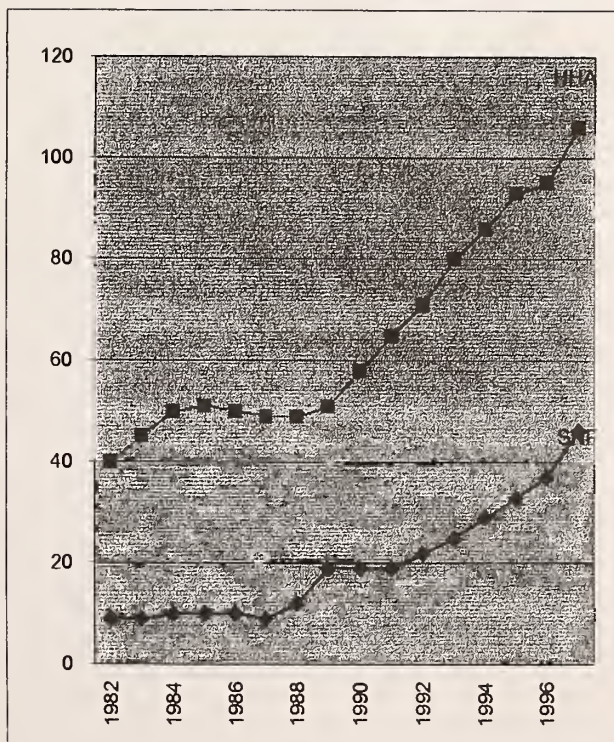
| Calendar Year | Skilled Nursing Facilities | | Home Health Agencies | |
|---------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| | Persons Served in thousands | Rate Per 1,000 Enrollees | Persons Served in thousands | Rate Per 1,000 Enrollees |
| 1982 | 252 | 9 | 1,172 | 40 |
| 1983 | 264 | 9 | 1,338 | 45 |
| 1984 | 299 | 10 | 1,522 | 50 |
| 1985 | 315 | 10 | 1,576 | 51 |
| 1986 | 304 | 10 | 1,601 | 50 |
| 1987 | 293 | 9 | 1,575 | 49 |
| 1988 | 384 | 12 | 1,613 | 49 |
| 1989 | 636 | 19 | 1,721 | 51 |
| 1990 | 638 | 19 | 1,978 | 58 |
| 1991 | 670 | 19 | 2,255 | 65 |
| 1992 | 779 | 22 | 2,504 | 71 |
| 1993 | 908 | 25 | 2,867 | 80 |
| 1994 | 1,068 | 29 | 3,176 | 86 |
| 1995 | 1,240 | 33 | 3,457 | 93 |
| 1996 | 1,384 | 37 | 3,627 | 95 |
| 1997 | 1,503 | 46 ¹ | 3,505 | 106 ¹ |
| 1998 | 1,510 | 47 ¹ | 3,859 | 119 ¹ |

¹ Excludes managed care enrollees in rate.

Persons Served in Thousands



Rates Per 1,000 Enrollees



SOURCE: HCFA/OIS/OSP

July 2000

**End Stage Renal Disease Care Provided by
Medicare Approved Facilities
Selected Calendar Years**

| | 1990 | 1996 | 1997 | 1998 |
|---------------------------------------|---------|---------|---------|---------|
| Dialysis Patients | 129,800 | 214,103 | 230,190 | 245,710 |
| Outpatient | 107,160 | 181,533 | 198,968 | 216,310 |
| Home | 22,640 | 32,770 | 31,222 | 29,400 |
| Dialysis Patient Eligibility Status | | | | |
| Medicare | 113,127 | 183,588 | 196,368 | 207,218 |
| Medicare Application Pending | 9,582 | 12,599 | 13,042 | 14,512 |
| Non-Medicare | 7,091 | 17,916 | 20,780 | 23,980 |
| Transplant Patients | 9,779 | 12,177 | 12,427 | 13,272 |
| Transplant Patient Eligibility Status | | | | |
| Medicare | 8,340 | 9,657 | 9,876 | 10,241 |
| Medicare Application Pending | 633 | 1,107 | 850 | 1,105 |
| Non-Medicare | 806 | 1,413 | 1,631 | 1,918 |
| Transplant Procedures | 9,796 | 12,198 | 12,427 | 13,272 |
| Living Related Donor | 2,001 | 3,084 | 3,210 | 3,453 |
| Living Unrelated Donor | 90 | 619 | 705 | 1,067 |
| Cadaveric Donor | 7,705 | 8,495 | 8,512 | 8,752 |
| Medicare Approved ESRD Facilities | 2,072 | 3,082 | 3,423 | 3,586 |
| Dialysis (Hospital and Non-Hospital) | 1,799 | 2,802 | 3,133 | 3,307 |
| Transplant and Dialysis | 169 | 156 | 160 | 148 |
| Transplant Only | 53 | 81 | 84 | 87 |
| Inpatient Care Only | 51 | 43 | 46 | 44 |
| Average Dialysis Payment Rate | \$127 | \$127 | \$127 | \$127 |
| Hospital Based | 129 | 129 | 129 | 129 |
| Independents | 125 | 125 | 125 | 125 |

SOURCE: HCFA/OCSQ

July 2000

Home Health Agency - Medicare National Summary

| Calendar Year | Total Claims | Total Reimbursement | Total Visits | Average Reimbursement Per Patient | Average Visit Per Patient |
|---------------|--------------|---------------------|--------------|-----------------------------------|---------------------------|
| 1996 | 18,999,345 | \$ 16,789,441,874 | 264,552,833 | \$ 4,666 | 74 |
| 1997 | 18,625,911 | 16,723,013,079 | 257,751,114 | 4,705 | 73 |
| 1998 | 12,229,153 | 10,446,204,875 | 154,992,259 | 3,412 | 51 |

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

Hospice - Medicare National State Summary

| Calendar Year | Total Patients | Total Reimbursement | Total Covered Days | Average Reimbursement Per Patient | Average Days Per Patient |
|---------------|----------------|---------------------|--------------------|-----------------------------------|--------------------------|
| 1996 | 349,071 | \$ 1,987,922,832 | 18,798,529 | \$ 5,695 | 54 |
| 1997 | 382,989 | \$ 2,057,089,168 | 19,102,900 | 5,371 | 50 |
| 1998 | 420,824 | 2,206,671,929 | 20,211,128 | 5,244 | 48 |

NOTE: Data include Puerto Rico.

Skilled Nursing Facilities - Medicare National Summary

| Calendar Year | Total Discharges | Total Reimbursement | Total Covered Days | Average Reimbursement Per Discharge | Average Days Per Discharge |
|---------------|------------------|---------------------|--------------------|-------------------------------------|----------------------------|
| 1996 | 1,318,006 | \$ 9,349,907,163 | 44,638,581 | \$ 6,575 | 31 |
| 1997 | 1,581,734 | 11,049,835,299 | 47,295,120 | 6,986 | 30 |
| 1998 | 1,587,931 | 11,312,643,901 | 45,240,400 | 7,124 | 29 |

NOTE: Data include Puerto Rico, Virgin Islands, and unknown. Data does not include swing bed units.

Outpatient - Medicare National Summary

| Calendar Year | Total Patients | Total Charges | Total Payments | Average Charge Per Patient | Average Payment Per Patient |
|---------------|----------------|------------------|-------------------|----------------------------|-----------------------------|
| 1996 | 20,099,417 | \$48,310,020,390 | \$ 16,342,864,313 | \$ 2,404 | \$813 |
| 1997 | 20,800,884 | 53,150,295,114 | 17,260,342,976 | 2,555 | 830 |
| 1998 | 20,453,026 | 54,845,037,206 | 16,865,568,630 | 2,684 | 825 |

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

SOURCE: HCFA/OIS/HCIS

July 2000

**Medicaid Recipients by Type of Service
Fiscal Years 1996 - 1998**

| | 1996 | 1997 | 1998 |
|--|--------------|--------|--------|
| | in thousands | | |
| Total | 36,118 | 33,579 | 40,649 |
| Inpatient Services | | | |
| General Hospitals | 5,361 | 4,746 | 4,273 |
| Mental Hospitals | 93 | 87 | 135 |
| Nursing Facilities Services ¹ | 1,594 | 1,603 | 1,646 |
| ICF Services | | | |
| Mentally Retarded | 140 | 136 | 126 |
| Physician Services | 22,861 | 21,170 | 18,555 |
| Dental Services | 6,208 | 5,935 | 4,965 |
| Other Practitioner Services | 5,343 | 5,141 | 4,342 |
| Outpatient Hospital Services | 15,905 | 13,632 | 12,158 |
| Clinic Services | 5,070 | 4,713 | 5,285 |
| Laboratory & Radiological | 12,607 | 11,074 | 9,381 |
| Home Health Services | 1,727 | 1,861 | 1,225 |
| Personal Care Support Services | na | na | 3,108 |
| Prescribed Drugs | 22,585 | 20,954 | 19,338 |
| Family Planning Services | 2,366 | 2,091 | 2,011 |
| Early and Periodic Screening | 6,589 | 6,450 | 6,175 |
| Rural Health Clinics | 1,407 | 1,446 | na |
| Home & Community Based Waiver Services | na | na | 467 |
| Prepaid Health Care | na | na | 20,203 |
| PCCM Services | na | na | 4,066 |
| Other Care | 13,108 | 12,389 | 6,975 |

¹ Nursing facilities services recipients include individuals other than the mentally retarded receiving "all other" intermediate care facility services.

SOURCE: HCFA/CMSO

**Medicaid Units of Service ¹
Fiscal Years 1997 and 1998**

| | 1997 | 1998 |
|--|--------------------|---------|
| | Units in thousands | |
| General Hospital | | |
| Total Discharges | 4,409 | 3,971 |
| Recipients Discharged | 3,135 | 2,793 |
| Total Days of Care | 21,532 | 19,091 |
| Nursing Facility Services ¹ | | |
| Total Recipients | 1,603 | 1,555 |
| Total Days of Care | 388,985 | 384,549 |
| Intermediate Care Facility for the Mentally Retarded | | |
| Total Recipients | 136 | 124 |
| Total Days of Care | 62,423 | 50,636 |

¹ Nursing facilities include skilled nursing facility and intermediate care facility services for all providers for other than the mentally retarded.

Note: Data not available for home health visits, rural health clinic visits, physician visits, and drug prescriptions.

SOURCE: HCFA/CMSO

July 2000

**National Community Hospital Utilization
1973 - 1998**

| Year | Admissions in millions | Inpatient Days in millions | Average Stay in days | Outpatient Visits in millions | Adjusted Expenses per Inpatient Day |
|------|---------------------------|----------------------------------|----------------------------|-------------------------------------|--|
| 1973 | 31.7 | 248 | 7.8 | 173 | \$102 |
| 1974 | 32.9 | 255 | 7.8 | 189 | 114 |
| 1975 | 33.4 | 258 | 7.7 | 191 | 134 |
| 1976 | 34.0 | 261 | 7.7 | 201 | 153 |
| 1977 | 34.3 | 261 | 7.6 | 199 | 174 |
| 1978 | 34.5 | 262 | 7.6 | 202 | 194 |
| 1979 | 35.1 | 265 | 7.6 | 199 | 217 |
| 1980 | 36.1 | 273 | 7.6 | 202 | 245 |
| 1981 | 36.4 | 278 | 7.6 | 203 | 284 |
| 1982 | 36.4 | 278 | 7.6 | 248 | 327 |
| 1983 | 36.2 | 273 | 7.6 | 210 | 369 |
| 1984 | 35.2 | 257 | 7.3 | 212 | 411 |
| 1985 | 33.4 | 237 | 7.1 | 219 | 460 |
| 1986 | 32.4 | 229 | 7.1 | 232 | 501 |
| 1987 | 31.6 | 227 | 7.2 | 246 | 539 |
| 1988 | 31.5 | 227 | 7.2 | 269 | 586 |
| 1989 | 31.1 | 225 | 7.2 | 286 | 637 |
| 1990 | 31.2 | 226 | 7.2 | 301 | 687 |
| 1991 | 31.1 | 223 | 7.2 | 322 | 752 |
| 1992 | 31.0 | 221 | 7.1 | 349 | 820 |
| 1993 | 30.7 | 216 | 7.0 | 367 | 881 |
| 1994 | 30.7 | 207 | 6.7 | 383 | 931 |
| 1995 | 30.9 | 200 | 6.5 | 414 | 968 |
| 1996 | 31.1 | 194 | 6.2 | 440 | 1,006 |
| 1997 | 31.6 | 193 | 6.1 | 450 | 1,033 |
| 1998 | 31.8 | 191 | 6.0 | 474 | 1,067 |

SOURCE: American Hospital Association

July 2000

VI. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section VIII).

HIGHLIGHTS

- o *From 1980 to 1999, the number of inpatient hospital facilities decreased almost 11.7 percent from 6,777 to 5,985. Beds per 1,000 enrollees dropped from 46.7 in 1980 to 25.7 in 1999. During this same period, the number of psychiatric hospitals increased from 408 to 570, but their beds per 1,000 enrollees dropped from 5.3 to 1.9.*
- o *Skilled nursing facilities have nearly tripled from 5,052 in 1980 to 14,913 in 1999. Home health agencies increased nearly threefold from 2,924 in 1980 to 7,857 in 1999.*
- o *The number of ambulatory surgical centers increased over eightfold from 336 in 1985 to 2,894 in 1999. During this same period the number of hospices increased from 164 to 2,326.*
- o *By December 1999, 171,018 facilities had registered under the Clinical Lab Improvement Act which became effective 10/1/92.*
- o *End-Stage Renal Disease facilities nearly quadrupled from 999 in 1980 to 3,787 in 1999.*
- o *The percent of Medicare assigned claims (51.9 percent in 1975) continues to increase, from 97.2 percent in 1998 to 97.5 percent in 1999.*
- o *As of January 1999, enrollment in the Medicare participating physician program was 84.6 percent. By January 2000, the enrollment was 88.3 percent.*
- o *As of March 1985, Medicare had 154 HMO/CMP plans with 1.1 million enrollees. By July 2000, there were 345 Managed Care plans with 6.9 million enrollees.*

Medicare Hospital Status 2000

| | |
|---|-------|
| Total Hospitals | 6,232 |
| Hospitals under PPS | 4,976 |
| Hospitals Receiving Special Consideration: | 1,337 |
| Regional Referral Centers | 221 |
| Sole Community Hospitals | 763 |
| Medicare Dependent Hospitals | 353 |
| Non-PPS Hospitals | 1,256 |
| Categorically Exempt: | 1,190 |
| Psychiatric | 569 |
| Rehabilitation | 196 |
| Christian Science | 20 |
| Childrens | 71 |
| Other Long Term | 236 |
| Critical Access | 98 |
| Alcohol/Drug | 0 |
| Short-Stay Hospitals in Waiver State (Maryland) | 50 |
| Short-Stay Hospitals in Outlying Areas other than Puerto Rico | 6 |
| Cancer Hospitals | 10 |
| Total Excluded Units | 2,383 |
| Psychiatric | 1,469 |
| Rehabilitation | 914 |

~~NOTES:~~ Data as of January. ^① Total number of hospitals subject to PPS regardless of actual submitted inpatient hospital claims during the fiscal year.

NOTE: Data as of January.

SOURCES: HCFA/CHPP/CMSO/OCSQ/OIS

July 2000

Medicare Participating Physician Program

| Participation Status | Number of Physicians ¹ | Participation Status | | | |
|----------------------|-----------------------------------|----------------------|--------------|--------------|--------------|
| | | January 2000 | January 1999 | January 1998 | January 1997 |
| Participating | 788,235 | 88.3% | 84.6% | 82.8% | 80.2% |
| Billing Medicare | 892,871 | | | | 77.5% |

¹ Includes M.D.s, D.O.s, limited license practitioners, and non-physician practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). HCFA wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice but not in his group practice is counted as participating.

SOURCE: HCFA/OFM

Medicare Inpatient Hospitals Selected Years

| | 1980 | 1985 | 1990 | 1998 | 1999 |
|---------------------------------------|-------|-------|-------|-------|-------|
| Total Hospitals | 6,777 | 6,707 | 6,520 | 6,116 | 5,985 |
| Beds in thousands | 1,150 | 1,144 | 1,105 | 1,012 | 994 |
| Beds per 1,000 Enrollees ¹ | 46.7 | 42.5 | 37.0 | 26.3 | 25.7 |
| Short-Stay | 6,104 | 6,034 | 5,549 | 5,038 | 4,917 |
| Beds in thousands | 991 | 1,027 | 970 | 891 | 875 |
| Beds per 1,000 Enrollees ¹ | 40.2 | 38.2 | 32.5 | 23.2 | 22.6 |
| Psychiatric | 408 | 474 | 674 | 602 | 570 |
| Beds in thousands | 131 | 95 | 99 | 78 | 74 |
| Beds per 1,000 Enrollees ¹ | 5.3 | 3.5 | 3.3 | 2.0 | 1.9 |
| Other Long-Stay | 265 | 199 | 297 | 476 | 498 |
| Beds in thousands | 28 | 22 | 35 | 44 | 45 |
| Beds per 1,000 Enrollees ¹ | 1.1 | 0.8 | 1.2 | 1.1 | 1.2 |

¹ Based on number of aged HI enrollees.

NOTES: Facility data are as of December. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: HCFA/OSP/OIS

Other Medicare Providers and Suppliers Selected Years

| | 1980 | 1985 | 1990 | 1998 | 1999 |
|---|-------|-------|-------|---------|---------|
| Skilled Nursing Facilities | 5,052 | 6,451 | 8,937 | 15,032 | 14,913 |
| Beds in thousands | 436 | NA | 509 | 723 | 837 |
| Home Health Agencies | 2,924 | 5,679 | 5,730 | 9,330 | 7,857 |
| Clinical Lab Improvement Act Facilities | NA | NA | NA | 166,817 | 171,018 |
| End Stage Renal Disease Facilities | 999 | 1,393 | 1,937 | 3,531 | 3,787 |
| Outpatient Physical Therapy | 419 | 854 | 1,195 | 2,890 | 2,867 |
| Portable X-Ray | 216 | 308 | 443 | 657 | 666 |
| Rural Health Clinics | 391 | 428 | 551 | 3,551 | 3,453 |
| Comprehensive Outpatient Rehabilitation Facilities | NA | 72 | 186 | 590 | 522 |
| Ambulatory Surgical Centers | NA | 336 | 1,197 | 2,644 | 2,894 |
| Hospices | NA | 164 | 825 | 2,317 | 2,326 |

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 1998 and 1999 are as of December 1999. NA indicates data are not available.

SOURCES: HCFA/OSP/OIS

July 2000

Select Medicare Facilities by Type of Control 1999

| | Short Stay Hospitals | Skilled Nursing Facilities | Home Health Agencies |
|----------------------|----------------------------|----------------------------------|----------------------------|
| All Facilities | 4,917 | 14,913 | 7,857 |
| Percent Distribution | | | |
| Nonprofit | 59.0 | 28.5 | 34.8 |
| Proprietary | 13.1 | 66.1 | 49.8 |
| Government | 27.8 | 5.4 | 15.5 |

NOTES: Data as of December 1999. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: HCFA/OSP/OIS

Medicare PIP Facilities Selected Years

| | 1975 | 1980 | 1985 | 1990 | 1997 | 1998 | 1999 |
|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|
| Hospitals | | | | | | | |
| Number of PIP | 1,524 | 2,276 | 3,242 | 1,352 | 1,029 | 1,024 | 915 |
| Percent of Total Participating | 22.5 | 33.8 | 48.3 | 20.6 | 16.4 | 16.7 | 15.3 |
| Skilled Nursing Facilities | | | | | | | |
| Number of PIP | 161 | 203 | 224 | 774 | 1,388 | 1,396 | 1,387 |
| Percent of Total Participating | 4.1 | 3.9 | 3.4 | 7.3 | 9.3 | 9.3 | 9.3 |
| Home Health Agencies | | | | | | | |
| Number of PIP | 86 | 481 | 931 | 1,211 | 1,366 | 1,284 | 1,122 |
| Percent of Total Participating | 3.8 | 16.0 | 16.0 | 21.0 | 12.6 | 13.8 | 14.3 |

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCES: HCFA/OFM/OIS

July 2000

**Medicare Assigned Claims
Selected Fiscal Years**

| Fiscal Year | Net Assignment Rate ¹ |
|----------------|--|
| 1975 | 51.9 |
| 1980 | 51.4 |
| 1985 | 67.7 |
| 1990 | 80.9 |
| 1991 | 82.5 |
| 1992 | 85.4 |
| 1993 | 89.2 |
| 1994 | 92.1 |
| 1995 | 94.2 |
| 1996 | 95.6 |
| 1997 | 96.5 |
| 1998 | 97.2 |
| 1999 | 97.5 |

¹ The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: HCFA/OFM

July 2000

Participation Rates as Percentage of Physicians, by Specialty Selected Periods

| | Oct. 1985 | Apr. 1990 | Jan. 1995 | Jan. 1996 | Jan. 1997 | Jan. 1998 | Jan. 1999 | Jan. 2000 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Apr. 1986 | Dec. 1990 | Dec. 1995 | Dec. 1996 | Dec. 1997 | Dec. 1998 | Dec. 1999 | Dec. 2000 |
| Percent of Physicians Participating | | | | | | | | |
| Physicians (M.D.s and D.O.s): | | | | | | | | |
| General practice | 27.3 | 39.7 | 59.9 | 66.3 | 69.2 | 71.1 | 73.7 | 80.2 |
| General surgery | 33.9 | 55.8 | 80.2 | 85.8 | 87.8 | 89.3 | 90.4 | 93.3 |
| Otology, laryngology, rhinology | 24.6 | 45.2 | 77.1 | 82.6 | 85.8 | 87.7 | 88.7 | 91.8 |
| Anesthesiology | 21.1 | 30.8 | 73.9 | 81.0 | 83.5 | 85.9 | 88.9 | 93.7 |
| Cardiovascular disease | 35.6 | 60.6 | 84.9 | 88.3 | 90.2 | 91.5 | 92.9 | 95.8 |
| Dermatology | 34.0 | 53.4 | 79.3 | 83.6 | 85.4 | 87.2 | 88.0 | 98.8 |
| Family practice | 25.5 | 47.2 | 74.5 | 81.4 | 84.0 | 85.9 | 86.9 | 90.8 |
| Internal medicine | 32.5 | 48.8 | 73.8 | 79.8 | 82.2 | 84.8 | 86.8 | 90.7 |
| Neurology | 34.8 | 53.1 | 78.9 | 84.1 | 85.8 | 87.1 | 88.4 | 92.1 |
| Obstetrics-gynecology | 29.1 | 48.8 | 72.5 | 77.3 | 79.5 | 81.3 | 82.9 | 86.8 |
| Ophthalmology | 27.3 | 55.6 | 81.2 | 86.2 | 87.9 | 89.8 | 90.9 | 93.3 |
| Orthopedic surgery | 29.0 | 53.7 | 82.6 | 86.8 | 88.7 | 90.4 | 90.6 | 93.8 |
| Pathology | 39.6 | 53.4 | 78.9 | 83.1 | 85.0 | 86.6 | 89.8 | 93.6 |
| Psychiatry | 30.0 | 41.6 | 58.7 | 64.6 | 67.6 | 70.4 | 73.9 | 79.1 |
| Radiology | 41.3 | 55.6 | 82.8 | 84.9 | 87.0 | 88.3 | 91.6 | 95.3 |
| Urology | 27.8 | 49.6 | 83.0 | 87.3 | 89.3 | 90.6 | 91.5 | 94.6 |
| Nephrology | 50.8 | 66.5 | 87.0 | 90.0 | 90.6 | 91.3 | 93.0 | 95.1 |
| Clinic or other group practice - not GPPP | 33.8 | 68.7 | 79.4 | 84.5 | 87.8 | 90.1 | 89.2 | 91.6 |
| Limited license practitioners (LLP): | | | | | | | | |
| Chiropractor | 25.4 | 26.2 | 42.6 | 47.3 | 51.0 | 54.3 | 56.3 | 59.4 |
| Podiatry-surgical chiropody | 38.2 | 54.0 | 79.2 | 83.3 | 86.0 | 87.9 | 88.4 | 90.7 |
| Optometrist | 44.0 | 54.0 | 66.9 | 70.3 | 72.2 | 74.7 | 76.0 | 78.4 |

NOTE: Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if practicing in multiple settings.

SOURCE: HCFA/OFM

July 2000

Medicare Benefit and Premium Summary

M+C Coordinated Care Plans

| Percent of Plans Offering Specific Benefits | Year 2000 | Year 2000 |
|---|-------------------------|-------------------|
| | Additional or Mandatory | Optional Benefits |
| Vision-Exams | 88.4% | 1.6% |
| Hearing-Exam | 82.1 | 3.7 |
| Drugs | 74.3 | 2.5 |
| Vision-glasses | 75.7 | 1.6 |
| Vision-contacts | 65.6 | 1.1 |
| Hearing-aids | 53.4 | 2.7 |
| Podiatry | 25.2 | 0.7 |
| Dental | 43.2 | 5.5 |
| Chiropractic | 10.8 | 1.0 |
| POS | 11.1 | 2.1 |

Median PCP Copay = \$10 for 2000

Median Generic Drug Copays = \$7.00 in 2000

Median Brand Name Drug Copays = \$15.00 in 2000

Premium Distribution (Percent of Plans)

Year 2000

Range

| | |
|--------------------|-------|
| \$0.00 | 31.9% |
| \$0.01 - \$20.00 | 7.3 |
| \$20.01 - \$40.00 | 18.3 |
| \$40.01 - \$60.00 | 16.3 |
| \$60.01 - \$80.00 | 9.1 |
| \$80.01 - \$100.00 | 7.2 |
| More than \$100.00 | 9.8 |

Median Plan Premium 2000 = \$34.95

SOURCE: HCFA/CHPP

July 2000

Medicare Contracts with Prepaid Organizations

| Type of Contract | Number of Contracts | Number of Enrollees | Payment FY 2000 to date in Millions |
|---|---------------------|---------------------|--|
| Total Prepaid Organizations | 345 | 6,872,270 | \$33,035.0 |
| Medicare + Choice Programs | 263 | 6,242,455 | 31,093.5 |
| TEFRA Cost (Cost 1, Cost 2, Cost C) | 34 | 298,862 | 621.6 |
| Demonstrations | 32 | 208,009 | 1,176.6 |
| HCPPs Part B (Health Care Prepayment Plans) | 16 | 122,944 | 143.3 |

NOTES: The Balanced Budget Act of 1997 changed the requirements regarding effective dates of coverage. As a result, the numbers do not include beneficiaries who changed enrollment status in the latter part of each month. Therefore, the total number of enrollees is understated. This understatement will continue for all future months until the report modifications have been completed.

Data as of July 1, 2000.

SOURCE: HCFA/CHPP

Medicare Summary of Monthly Risk Contracts

| Date | Number of Contracts | Total Enrollees | Monthly Payment in millions |
|-----------|------------------------|--------------------|-----------------------------------|
| 1997 | | | |
| January | 248 | 4,230,113 | \$ 1,890 |
| February | 258 | 4,327,617 | 2,017 |
| March | 265 | 4,410,692 | 2,012 |
| April | 276 | 4,505,593 | 2,068 |
| May | 280 | 4,611,833 | 2,119 |
| June | 283 | 4,700,386 | 2,146 |
| July | 287 | 4,791,597 | 2,187 |
| August | 292 | 4,884,175 | 2,141 |
| September | 303 | 4,965,255 | 2,252 |
| October | 307 | 5,049,296 | 2,300 |
| November | 307 | 5,129,177 | 2,333 |
| December | 307 | 5,211,339 | 2,369 |
| 1998 | | | |
| January | 330 | 5,328,308 | 2,622 |
| February | 336 | 5,406,671 | 2,625 |
| March | 334 | 5,482,371 | 2,715 |
| April | 336 | 5,572,473 | 2,729 |
| May | 345 | 5,643,621 | 2,761 |
| June | 346 | 5,710,550 | 2,809 |
| July | 345 | 5,800,472 | 2,897 |
| August | 347 | 5,865,980 | 2,888 |
| September | 347 | 5,921,166 | 2,944 |
| October | 347 | 5,976,756 | 2,965 |
| November | 347 | 6,017,360 | 2,998 |
| December | 346 | 6,055,546 | 3,003 |
| 1999 | | | |
| January | 383 | 6,553,306 | 2,956 |
| February | 386 | 6,671,340 | 3,106 |
| March | 401 | 6,726,091 | 3,107 |
| April | 398 | 6,764,232 | 3,123 |
| May | 400 | 6,819,700 | 3,147 |
| June | 402 | 6,863,049 | 3,167 |
| July | 395 | 6,913,826 | 3,148 |
| August | 400 | 6,960,699 | 3,246 |
| September | 400 | 6,987,204 | 3,235 |
| October | 400 | 7,012,118 | 3,287 |
| November | 399 | 7,029,203 | 3,290 |
| December | 398 | 7,020,196 | 3,262 |

SOURCE: HCFA/CHPP

July 2000

Medicare Summary of Risk and Cost Contracts by Category

| Type of Contract | Number of Contracts | Percent | Number of Enrollees | Percent |
|-----------------------|---------------------|---------|---------------------|---------|
| HCPP Contracts | | | | |
| Model | | | | |
| Group | 11 | 69 | 88,539 | 72 |
| Union | 2 | 13 | 21,592 | 18 |
| Employer Group | 1 | 6 | 3,890 | 3 |
| IPA | 1 | 6 | 569 | 0 |
| Other | 1 | 6 | 8,354 | 7 |
| Ownership | | | | |
| Profit | 1 | 7 | 569 | 0 |
| Nonprofit | 14 | 93 | 114,021 | 100 |
| Cost Contracts | | | | |
| Model | | | | |
| IPA | 13 | 38 | 184,607 | 62 |
| Group | 17 | 50 | 105,289 | 35 |
| Staff | 4 | 12 | 8,966 | 3 |
| Ownership | | | | |
| Profit | 9 | 26 | 47,549 | 16 |
| Nonprofit | 25 | 74 | 251,313 | 84 |
| CCP Contracts | | | | |
| Model | | | | |
| IPA | 166 | 63 | 4,059,548 | 65 |
| Group | 82 | 31 | 1,571,839 | 25 |
| Staff | 14 | 6 | 611,067 | 10 |
| Ownership | | | | |
| Profit | 182 | 69 | 4,066,609 | 65 |
| NonProfit | 80 | 31 | 2,175,845 | 35 |

¹ Does not include cost enrollees remaining in risk plans.

NOTES: Data as of July 2000. IPA is the Individual Practice Association.

SOURCE: HCFA/CHPP

July 2000

Active Physicians

| Year | Total | Type of Physician | | Active Physicians per 10,000 Population |
|------|---------|---------------------|-----------------------|---|
| | | Doctors of Medicine | Doctors of Osteopathy | |
| 1970 | 323,525 | 310,929 | 12,596 | 15.7 |
| 1971 | 334,978 | 322,228 | 12,750 | 16.1 |
| 1972 | 346,179 | 333,259 | 12,920 | 16.5 |
| 1973 | NA | NA | 13,191 | NA |
| 1974 | 364,232 | 350,609 | 13,623 | 17.0 |
| 1975 | 380,402 | 366,425 | 13,977 | 17.6 |
| 1976 | 393,151 | 378,572 | 14,579 | 18.0 |
| 1977 | 397,113 | 381,969 | 15,144 | 18.0 |
| 1978 | 417,314 | 401,364 | 15,950 | 18.7 |
| 1979 | 434,095 | 417,266 | 16,829 | 19.2 |
| 1980 | 435,165 | 435,545 | 17,620 | 19.8 |
| 1981 | 463,330 | 444,899 | 18,431 | 20.1 |
| 1982 | 482,195 | 462,947 | 19,248 | 20.7 |
| 1983 | 499,679 | 479,440 | 20,239 | 21.3 |
| 1984 | NA | NA | 21,295 | NA |
| 1985 | 533,573 | 511,090 | 22,483 | 22.3 |
| 1986 | 543,247 | 519,393 | 23,854 | 22.5 |
| 1987 | 559,777 | 534,692 | 25,085 | 23.0 |
| 1988 | 575,626 | 549,160 | 26,466 | 23.4 |
| 1989 | 587,751 | 559,988 | 27,763 | 23.7 |
| 1990 | 601,612 | 572,660 | 28,952 | 24.0 |
| 1991 | 624,797 | 594,697 | 30,100 | 24.6 |
| 1992 | 636,891 | 605,685 | 31,206 | 24.8 |
| 1993 | 652,240 | 619,751 | 32,489 | 24.9 |
| 1994 | 666,200 | 632,121 | 34,079 | 25.2 |
| 1995 | 681,742 | 646,022 | 35,720 | 25.5 |
| 1996 | 701,249 | 663,943 | 37,306 | 26.0 |
| 1997 | 723,537 | 684,605 | 38,932 | 26.6 |
| 1998 | 747,784 | 707,032 | 40,752 | 27.2 |

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include All Not Classified MDs, and excludes physicians whose addresses are unknown. Projections are not available for the outyears.

SOURCES: Compiled by HRSA, Bureau of Health Professions, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine and the Bureau of the Census.

July 2000

**Active Federal and NonFederal
Physicians
By HCFA Region
1998**

| HCFA Region | Total | Type of Physician | | Active Physicians per 100,000 Population |
|----------------------------------|---------|---------------------------|-----------------------------|---|
| | | Doctors of Medicine | Doctors of Osteopathy | |
| Total | 747,784 | 707,032 | 40,752 | ¹ 272 |
| Boston | 49,663 | 48,400 | 1,263 | 370 |
| New York | 100,174 | 95,386 | 4,788 | 382 |
| Philadelphia | 89,629 | 83,612 | 6,017 | 332 |
| Atlanta | 119,687 | 115,216 | 4,471 | 237 |
| Chicago | 127,368 | 116,639 | 10,729 | 260 |
| Dallas | 71,214 | 67,202 | 4,012 | 225 |
| Kansas City | 30,147 | 27,061 | 3,086 | 239 |
| Denver | 20,471 | 19,506 | 965 | 233 |
| San Francisco | 102,228 | 98,948 | 3,280 | 254 |
| Seattle | 25,639 | 24,630 | 1,009 | 237 |
| U.S. Possessions ² | 10,437 | 10,432 | 5 | NA |
| Foreign and Unknown ³ | 1,127 | -- | 1,127 | NA |

¹ Rate for Total (All Areas) based on U.S. Resident population as of July 1, 1998.

² Possessions include Puerto Rico, Virgin Islands, and Pacific Islands.

³ Includes osteopathic physicians in military service, U.S. Public Health Service and foreign countries.

SOURCES: HRSA, Bureau of Health Professions, based on data from the American Medical Association, American Association of Colleges of Osteopathy, and the Bureau of the Census

July 2000

Medicare Provider Specialty Summary Selected Years

| | January 1999 | | April 2000 | |
|-----------------------------|--------------|---------|------------|---------|
| | Number | Percent | Number | Percent |
| Active in Patient Care | 830,371 | 100.0 | 854,224 | 100.0 |
| Medical Specialties | 162,040 | 19.0 | 167,652 | 19.6 |
| Surgical Specialties | 159,787 | 18.7 | 158,544 | 18.6 |
| Other Specialties | 84,398 | 9.9 | 86,417 | 10.1 |
| Family and General Practice | 100,317 | 11.7 | 100,928 | 11.8 |
| Emergency Medicine | 22,772 | 2.7 | 24,960 | 2.9 |
| Pediatrics | 29,947 | 3.5 | 28,104 | 3.3 |
| Non-physician specialties | 271,110 | 31.7 | 287,619 | 33.7 |

NOTES: Includes physicians, doctors of osteopathy, and limited licensed practitioners. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OIS/OSP

Medicare Physician Registry by Specialty

| Specialty ¹ | April 1991 | | January 1999 | | January 2000 | |
|----------------------------------|------------|---------|--------------|---------|--------------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| General Practice | 53,658 | 9.2 | 33,332 | 3.9 | 30,590 | 3.6 |
| General Surgery | 28,524 | 4.9 | 26,978 | 3.2 | 26,945 | 3.2 |
| Allergy/Immunology | 2,461 | 0.4 | 3,127 | 0.4 | 3,119 | 0.4 |
| Otolaryngology (ENT) | 7,419 | 1.3 | 8,882 | 1.0 | 9,038 | 1.1 |
| Anesthesiology | 23,783 | 4.1 | 32,825 | 3.8 | 33,602 | 3.9 |
| Cardiology | 13,497 | 2.3 | 17,801 | 2.1 | 18,548 | 2.2 |
| Dermatology | 6,727 | 1.2 | 8,596 | 1.0 | 8,833 | 1.0 |
| Family Practice | 47,140 | 8.1 | 66,985 | 7.8 | 70,338 | 8.2 |
| Gastroenterology | 4,886 | 0.8 | 7,945 | 0.9 | 8,290 | 1.0 |
| Internal Medicine | 78,711 | 13.5 | 90,743 | 10.6 | 93,774 | 11.0 |
| Osteopathic Manipulative Therapy | 1,082 | 0.2 | 837 | 0.1 | 833 | 0.1 |
| Neurology | 7,542 | 1.3 | 10,431 | 1.2 | 10,745 | 1.3 |
| Neurosurgery | 3,500 | 0.6 | 4,223 | 0.5 | 4,320 | 0.5 |
| Obstetrics-Gynecology | 29,230 | 5.0 | 34,601 | 4.1 | 34,980 | 4.1 |
| Ophthalmology | 15,219 | 2.6 | 17,688 | 2.1 | 18,013 | 2.1 |
| Oral Surgery/Dentists only | 34,237 | 5.9 | 22,563 | 2.6 | 19,553 | 2.3 |
| Orthopedic Surgery | 16,852 | 2.9 | 20,919 | 2.4 | 21,397 | 2.5 |
| Pathology | 10,072 | 1.7 | 12,915 | 1.5 | 13,062 | 1.5 |
| Plastic/reconstructive Surgery | 3,960 | 0.7 | 5,126 | 0.6 | 5,175 | 0.6 |
| Physical Med and Rehab | 3,278 | 0.6 | 5,519 | 0.6 | 5,731 | 0.7 |
| Psychiatry | 30,505 | 5.2 | 36,488 | 4.3 | 35,841 | 4.2 |
| Colorectal Surgery (proctology) | 625 | 0.1 | 710 | 0.1 | 727 | 0.1 |
| Pulmonary Disease | 3,956 | 0.7 | 5,912 | 0.7 | 6,141 | 0.7 |
| Radiology | 23,269 | 4.0 | 27,308 | 3.2 | 28,045 | 3.3 |
| Thoracic Surgery | 3,876 | 0.7 | 3,062 | 0.4 | 3,024 | 0.4 |
| Urology | 8,491 | 1.5 | 9,495 | 1.1 | 9,600 | 1.1 |
| Chiropractor | 39,992 | 6.9 | 51,848 | 6.1 | 51,417 | 6.0 |
| Nuclear Medicine | 463 | 0.1 | 805 | 0.1 | 803 | 0.1 |
| Pediatrics | 21,965 | 3.8 | 29,947 | 3.5 | 28,104 | 3.3 |
| Geriatrics | 205 | 0.0 | 787 | 0.1 | 802 | 0.1 |
| Nephrology | 2,345 | 0.4 | 3,945 | 0.5 | 4,116 | 0.5 |
| Hand Surgery | 212 | 0.0 | 468 | 0.1 | 468 | 0.1 |
| Optometry | 22,829 | 3.9 | 29,441 | 3.4 | 29,534 | 3.5 |
| Certified Nurse Midwife | -- | -- | 1,781 | 0.2 | 2,150 | 0.3 |
| CRNA, Anesthesia Assistant | -- | -- | 20,946 | 2.5 | 22,805 | 2.7 |
| Infectious Disease | 353 | 0.1 | 2,439 | 0.3 | 2,561 | 0.3 |
| Endocrinology ² | -- | -- | 2,332 | 0.3 | 2,408 | 0.3 |
| Podiatry | 14,367 | 2.5 | 14,859 | 1.7 | 15,063 | 1.8 |

Medicare Physician Registry by Specialty continued

| Specialty ¹ | April 1991 | | January 1998 | | January 1999 | |
|---|------------|---------|--------------|---------|--------------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| Ambulatory Surgical Center (formerly Misc) | 897 | 0.2 | 117 | 0.0 | 91 | 0.0 |
| Nurse Practitioner | -- | -- | 6,360 | 0.7 | 19,763 | 2.3 |
| Psychologist/billing independently | -- | -- | 3,864 | 0.5 | 2,708 | 0.3 |
| Audiologist/billing independently | -- | -- | 2,910 | 0.3 | 3,231 | 0.4 |
| Physical Therapist | -- | -- | 5,815 | 0.7 | 10,925 | 1.3 |
| Rheumatology ² | -- | -- | 2,218 | 0.3 | 2,337 | 0.3 |
| Occupational Therapist | -- | -- | -- | -- | 1,244 | 0.1 |
| Clinic multispec W/O GPP | 16,050 | 2.8 | 336 | 0.0 | 255 | 0.0 |
| Periph. Vascular Disease ² | 220 | 0.0 | 201 | 0.0 | 202 | 0.0 |
| Vascular Surgery ² | -- | -- | 1,135 | 0.1 | 1,267 | 0.1 |
| Cardiac Surgery ² | -- | -- | 1,031 | 0.1 | 1,187 | 0.1 |
| Addiction Medicine ² | -- | -- | 137 | 0.0 | 128 | 0.0 |
| Clinical Social Worker | -- | -- | 42,482 | 5.0 | 40,722 | 4.8 |
| Critical Care Intensivists ² | -- | -- | 632 | 0.1 | 673 | 0.1 |
| Hematology ² | -- | -- | 419 | 0.0 | 432 | 0.1 |
| Hematology/Oncology ² | -- | -- | 3,732 | 0.4 | 4,000 | 0.5 |
| Preventive Medicine ² | -- | -- | 299 | 0.0 | 319 | 0.0 |
| Maxillofacial Surgery ² | -- | -- | 1,260 | 0.1 | 1,335 | 0.2 |
| Neuropsychiatry ² | 249 | 0.0 | 220 | 0.0 | 167 | 0.0 |
| Certified Clinical Nurse | -- | -- | 905 | 0.1 | 1,961 | 0.2 |
| Medical Oncology ² | -- | -- | 1,356 | 0.2 | 1,547 | 0.2 |
| Surgical Oncology ² | -- | -- | 259 | 0.0 | 286 | 0.0 |
| Radiation Oncology ² | 38 | 0.0 | 2,326 | 0.3 | 2,625 | 0.3 |
| Emergency Medicine ² | -- | -- | 21,497 | 2.5 | 24,960 | 2.9 |
| Interventional Radiology ² | -- | -- | 665 | 0.1 | 657 | 0.1 |
| Physician Assistant | -- | -- | 7,199 | 0.8 | 15,451 | 1.8 |
| Gynecology Oncology ³ | -- | -- | 225 | 0.0 | 273 | 0.0 |
| Clinical Psychology | -- | -- | 0 | 0.0 | 34,495 | 4.0 |
| Unknown Physician Specialty | 535 | 0.1 | 514 | 0.1 | 384 | 0.0 |
| Miscellaneous Specialties | -- | -- | 93 | 0.0 | 109 | 0.0 |
| Totals | 583,229 | 100.0 | 782,816 | 100.0 | 854,224 | 100.0 |

¹ Most osteopath specialties have been combined with their appropriate specialty.

² Effective 4/92 except Hematology effective 6/92.

³ Effective 10/94.

NOTES: Totals do not necessarily equal the sum of rounded components. "--" equals not applicable or not available.

SOURCES: HCFA/OSP/OFM

July 2000

VII. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services. New in this section are several tables showing number of patients and reimbursement for hospice, home health and skilled nursing facility services.

HIGHLIGHTS

- o Medicare enrollees comprise 14.2 percent of the United States' resident population. State enrollees range from a low of 6.5 percent of Alaska's resident population to a high of 18.7 percent of Florida's resident population.*
- o Medicaid enrollees (as measured by person years) comprise 11.7 percent of the United States' resident population. State enrollees range from a low of 5.1 percent of Nevada's resident population to a high of 23.4 percent of Tennessee's resident population.*
- o Long-stay hospital beds per 1,000 resident population range from a low of 0.2 in Montana to a high of 16.2 in the District of Columbia. This contrasts with the national average of 3.0.*
- o The percentage of Medicare Part B participating physicians and other practitioners range from a high of 95.5 percent in Alabama and North Dakota to a low of 72.5 percent in Rhode Island.*
- o Under fee-for-service, aged persons served per 1,000 enrollees (U.S.) range from a low of 783 in District of Columbia to essentially all aged enrollees in Oregon and Minnesota. This contrasts with the national average of 893 persons served per 1,000 enrollees.*
- o The average reimbursement per patient for Medicare home health agency services (U.S.) range from a high of \$6,448 in Louisiana to a low of \$1,866 in Iowa. This contrasts with the national average reimbursement per patient of \$3,412.*
- o The average reimbursement per discharge for Medicare skilled nursing facility non-swing bed services (U.S.) range from a high of \$14,683 in New York to a low of \$3,867 in Iowa. This contrasts with the national average of \$7,124 per discharge.*

Medicare Estimated Benefit Payments by State

| Benefit Payments in thousands | | Benefit Payments in thousands | |
|----------------------------------|---------------|----------------------------------|------------|
| All Areas | \$208,623,564 | Missouri | 4,061,920 |
| United States | 207,303,400 | Montana | 508,924 |
| Alabama | 3,817,397 | Nebraska | 1,055,877 |
| Alaska | 133,480 | Nevada | 1,047,877 |
| Arizona | 2,827,735 | New Hampshire | 557,216 |
| Arkansas | 2,044,027 | New Jersey | 7,474,564 |
| California | 23,305,723 | New Mexico | 794,665 |
| Colorado | 2,327,583 | New York | 16,838,054 |
| Connecticut | 2,985,510 | North Carolina | 5,808,688 |
| Delaware | 386,468 | North Dakota | 459,481 |
| District of Columbia | 825,298 | Ohio | 9,304,894 |
| Florida | 18,389,206 | Oklahoma | 2,065,543 |
| Georgia | 3,895,108 | Oregon | 1,648,724 |
| Hawaii | 600,477 | Pennsylvania | 12,953,470 |
| Idaho | 580,302 | Rhode Island | 973,152 |
| Illinois | 7,605,610 | South Carolina | 2,801,285 |
| Indiana | 4,730,110 | South Dakota | 486,673 |
| Iowa | 1,416,873 | Tennessee | 4,855,360 |
| Kansas | 1,739,329 | Texas | 14,227,830 |
| Kentucky | 3,120,202 | Utah | 836,291 |
| Louisiana | 4,257,732 | Vermont | 253,950 |
| Maine | 659,652 | Virginia | 4,049,543 |
| Maryland | 4,095,720 | Washington | 2,504,809 |
| Massachusetts | 4,832,686 | West Virginia | 1,652,564 |
| Michigan | 6,716,358 | Wisconsin | 3,355,505 |
| Minnesota | 2,991,679 | Wyoming | 210,883 |
| Mississippi | 2,231,394 | Puerto Rico | 1,264,154 |
| | | All Other Areas | 56,010 |

NOTES: Benefit payments for all areas represent actual Department of Treasury (DOT) disbursements. Distribution of benefit payments by State is based on a methodology which considered actual payments to health maintenance organizations and estimated payments for other providers of Medicare services. Estimated payments were determined by applying the relative weight of each State's share of total fee-for-service provider payments for fiscal year 1999 to the DOT disbursements net of Managed Care payments.

SOURCES: HCFA/OFM/OIS

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July 2000

Medicaid Medical Assistance Payments Fiscal Year 1999

| | Total Payments Computable For Federal Funding | Net Expenditures Reported Federal Share ¹ | Amount in thousands | Total Payments Computable For Federal Funding | Net Expenditures Reported Federal Share ¹ |
|---------------------|---|--|---------------------|---|--|
| TOTAL | \$180,936,575 | \$102,488,431 | | 3,636,191 | 2,195,518 |
| Alabama | 2,438,540 | 1,691,536 | Missouri | 385,698 | 278,266 |
| Alaska | 410,997 | 271,759 | Montana | 986,802 | 608,444 |
| American Samoa | 12,755 | 6,783 | Nebraska | 541,969 | 272,686 |
| Arizona | 2,007,954 | 1,353,959 | Nevada | 778,240 | 389,858 |
| Arkansas | 1,460,724 | 1,066,890 | New Hampshire | | |
| California | 20,278,497 | 10,473,166 | New Jersey | 5,775,480 | 2,896,600 |
| Colorado | 1,833,259 | 929,150 | New Mexico | 1,104,758 | 817,380 |
| Connecticut | 2,975,667 | 1,490,724 | New York | 28,739,870 | 14,400,579 |
| Delaware | 456,732 | 229,230 | North Carolina | 4,885,503 | 3,087,682 |
| Distict of Columbia | 917,918 | 625,811 | North Dakota | 338,704 | 239,669 |
| Florida | 6,759,561 | 3,783,460 | N. Mariana Islands | 3,355 | 1,678 |
| Georgia | 3,673,705 | 2,227,305 | Ohio | 6,910,485 | 4,035,409 |
| Guam | 9,243 | 4,640 | Oklahoma | 1,478,640 | 1,054,505 |
| Hawaii | 586,224 | 293,152 | Oregon | 1,949,066 | 1,188,938 |
| Idaho | 514,711 | 360,580 | Pennsylvania | 9,627,197 | 5,179,343 |
| Illinois | 6,447,404 | 3,236,981 | Puerto Rico | 340,957 | 166,891 |
| Indiana | 3,017,191 | 1,853,103 | Rhode Island | 1,049,350 | 569,250 |
| Iowa | 1,397,272 | 887,429 | South Carolina | 2,474,493 | 1,740,195 |
| Kansas | 1,222,929 | 734,982 | South Dakota | 376,117 | 265,644 |
| Kentucky | 2,697,337 | 1,907,515 | Tennessee | 4,178,613 | 2,657,217 |
| Louisiana | 3,282,147 | 2,310,957 | Texas | 10,398,354 | 6,516,176 |
| Maine | 1,151,792 | 766,239 | Utah | 741,946 | 533,364 |
| Maryland | 2,931,170 | 1,473,200 | Vermont | 469,021 | 291,234 |
| Massachusetts | 5,815,112 | 2,919,256 | Virginia | 2,477,371 | 1,279,763 |
| Michigan | 6,254,125 | 3,308,691 | Virgin Islands | 9,579 | 4,876 |
| Minnesota | 3,079,902 | 1,593,438 | Washington | 3,529,717 | 1,861,441 |
| Mississippi | 1,805,175 | 1,388,138 | West Virginia | 1,353,004 | 1,007,657 |
| | | | Wisconsin | 2,757,367 | 1,630,063 |
| | | | Wyoming | 200,685 | 130,031 |

¹ Excludes HCFA adjustments.

NOTES: Source Form HCFA-64 -- Line 11, Net Expenditures Reported. Medical assistance only. Includes Title XIX CHIP expansions.
FY 1999 data is preliminary as of 5/18/00.

SOURCE: HCFA/CMSO

July 2000

Mean Medicaid Outlays per Recipient by State and Risk Class

| | Age 65 and over | Blind and Disabled | Age 65 and over | Blind and Disabled |
|----------------------|-----------------|--------------------|-----------------|--------------------|
| United States | \$3,459 | \$5,820 | 5,235 | \$8,674 |
| Alabama | 1,858 | | 2,796 | 5,029 |
| Alaska | 4,007 | 2,327 | 2,918 | 6,514 |
| Arizona | 5,228 | 9,862 | 2,202 | 5,668 |
| Arkansas | 2,703 | 6,650 | 7,838 | 18,132 |
| California | 2,518 | 4,158 | | |
| | | 5,011 | | |
| Colorado | 3,547 | 7,856 | 4,893 | 7,614 |
| Connecticut | 7,010 | 12,990 | 1,737 | 5,668 |
| Delaware | 4,472 | 11,051 | 9,117 | 11,902 |
| District of Columbia | 3,419 | 8,754 | 3,585 | 6,367 |
| Florida | 2,743 | 4,926 | 3,130 | 8,616 |
| | | | | |
| | | | 3,485 | 7,033 |
| Georgia | 1,732 | | --- | --- |
| Hawaii | 1,269 | 3,713 | 2,071 | 2,089 |
| Idaho | 3,834 | 3,919 | 2,731 | 5,029 |
| Illinois | 3,716 | 7,599 | 4,853 | 11,709 |
| Indiana | 3,239 | 6,489 | | |
| | | 6,783 | | |
| | | | | |
| Iowa | 2,869 | | 2,669 | 4,835 |
| Kansas | 4,229 | 5,651 | 1,710 | 6,406 |
| Kentucky | 2,605 | 7,139 | 781 | 2,228 |
| Louisiana | 2,526 | 4,354 | 2,805 | 4,160 |
| Maine | 3,900 | 3,382 | 2,269 | 4,879 |
| | | 7,921 | | |
| | | | | |
| Maryland | 3,883 | 8,538 | 3,331 | 8,128 |
| Massachusetts | 2,563 | | 2,911 | 4,406 |
| Michigan | 2,125 | 7,711 | 2,184 | 3,781 |
| Minnesota | 5,888 | 6,302 | 3,265 | 4,926 |
| Mississippi | 1,548 | 12,348 | 2,917 | 4,979 |
| | | 2,876 | 1,662 | 3,944 |

NOTE: These data exclude institutionalized persons.

SOURCE: HCFA/CMSO

1999

¹ Includes enrollees with unknown State of residence and Foreign residence.
² Includes enrollees with unknown State of residence.

SOURCE: HCFA/OIS

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Medicare Enrollment as a Percent of Resident Population by State 1999

| | Resident Population in thousands | Medicare Enrollees in thousands | Enrollees as Percent of Population | Resident Population in thousands | Medicare Enrollees in thousands | Enrollees as Percent of Population |
|----------------------|--|---------------------------------------|--|--|---------------------------------------|--|
| All Areas | NA | 39,134 ¹ | NA | Missouri | 5,439 | 15.7 |
| United States | 270,299 | 38,286 ² | 14.2 | Montana | 880 | 15.5 |
| Alabama | 4,352 | 677 | 15.6 | Nebraska | 1,663 | 15.2 |
| Alaska | 614 | 40 | 6.5 | Nevada | 1,747 | 13.3 |
| Arizona | 4,669 | 665 | 14.2 | New Hampshire | 1,185 | 14.1 |
| Arkansas | 2,538 | 436 | 17.2 | New Jersey | 8,115 | 14.7 |
| California | 32,667 | 3,832 | 11.7 | New Mexico | 1,737 | 13.2 |
| Colorado | 3,971 | 458 | 11.5 | New York | 18,175 | 14.7 |
| Connecticut | 3,274 | 511 | 15.6 | North Carolina | 7,546 | 14.8 |
| Delaware | 744 | 110 | 14.8 | North Dakota | 638 | 16.1 |
| District of Columbia | 523 | 75 | 14.3 | Ohio | 11,209 | 15.1 |
| Florida | 14,916 | 2,787 | 18.7 | Oklahoma | 3,347 | 15.0 |
| Georgia | 7,642 | 900 | 11.8 | Oregon | 3,282 | 14.7 |
| Hawaii | 1,193 | 162 | 13.6 | Pennsylvania | 12,001 | 17.4 |
| Idaho | 1,229 | 162 | 13.2 | Rhode Island | 988 | 17.2 |
| Illinois | 12,045 | 1,623 | 13.5 | South Carolina | 3,836 | 14.5 |
| Indiana | 5,899 | 844 | 14.3 | South Dakota | 738 | 16.1 |
| Iowa | 2,862 | 475 | 16.6 | Tennessee | 5,431 | 15.0 |
| Kansas | 2,629 | 389 | 14.8 | Texas | 19,760 | 11.3 |
| Kentucky | 3,936 | 615 | 15.6 | Utah | 2,100 | 9.6 |
| Louisiana | 4,369 | 597 | 13.7 | Vermont | 591 | 14.9 |
| Maine | 1,244 | 213 | 17.1 | Virginia | 6,791 | 12.9 |
| Maryland | 5,135 | 634 | 12.3 | Washington | 5,689 | 12.7 |
| Massachusetts | 6,147 | 952 | 15.5 | West Virginia | 1,811 | 18.5 |
| Michigan | 9,817 | 1,386 | 14.1 | Wisconsin | 5,224 | 14.9 |
| Minnesota | 4,725 | 647 | 13.7 | Wyoming | 481 | 13.3 |
| Mississippi | 2,752 | 414 | 15.0 | Puerto Rico | NA | NA |
| | | | | Outlying Areas | NA | NA |

¹ Includes the United States, its Territories and Possessions, and residents of foreign countries.

² Includes enrollees with unknown State of residence.

NOTES: Resident population is a provisional estimate. The 1998 resident population data for Outlying Areas, Puerto Rico, and the Virgin Islands are not available. Denominator data reflect midpoint enrollment.

SOURCES: HCFA/OIS and Bureau of the Census

Medicare and Prepaid Enrollment Distribution by State

2000

| | Medicare Enrollees (in 000's) ¹ | M + C | TEFRA Cost | HCPP | Other Demos | Total Prepaid Enrollees | Prepaid as a Percent of Medicare |
|-------------------|--|-----------|---------------|---------|----------------|-------------------------------|--|
| Total | 39,134 | 6,242,455 | 298,862 | 122,944 | 208,009 | 6,872,270 | 18 |
| Alabama | 677 | 56,233 | 0 | 0 | 0 | 56,233 | 8 |
| Alaska | 40 | 0 | 0 | 0 | 0 | 0 | 0 |
| Arizona | 665 | 248,967 | 0 | 0 | 525 | 249,492 | 38 |
| Arkansas | 436 | 17,369 | 0 | 0 | 0 | 17,369 | 4 |
| California | 3,832 | 1,497,033 | 36,918 | 942 | 47,673 | 1,582,566 | 41 |
| Colorado | 458 | 139,102 | 16,634 | 0 | 5,626 | 161,362 | 35 |
| Connecticut | 511 | 105,349 | 0 | 0 | 0 | 105,349 | 21 |
| Delaware | 110 | 3,633 | 0 | 0 | 0 | 3,633 | 3 |
| Dist. of Columbia | 75 | 0 | 15 | 15 | 15 | 45 | 0 |
| Florida | 2,787 | 751,172 | 4,689 | 569 | 2,135 | 758,565 | 27 |
| Georgia | 900 | 51,803 | 0 | 0 | 2,063 | 53,866 | 6 |
| Hawaii | 162 | 20,164 | 33,373 | 0 | 0 | 53,537 | 33 |
| Idaho | 162 | 5,117 | 9,123 | 0 | 0 | 14,240 | 9 |
| Illinois | 1,623 | 145,030 | 16,692 | 12,028 | 6,993 | 180,743 | 11 |
| Indiana | 844 | 72,049 | 15,380 | 0 | 0 | 87,429 | 10 |
| Iowa | 475 | 0 | 7,665 | 0 | 0 | 7,665 | 2 |
| Kansas | 389 | 9,351 | 0 | 0 | 0 | 9,351 | 2 |
| Kentucky | 615 | 16,134 | 0 | 0 | 0 | 16,134 | 3 |
| Louisiana | 597 | 90,805 | 0 | 0 | 12,409 | 103,214 | 17 |
| Maine | 213 | 1,658 | 0 | 0 | 0 | 1,658 | 1 |
| Maryland | 634 | 82,063 | 5,998 | 0 | 2,319 | 90,380 | 14 |
| Massachusetts | 952 | 224,472 | 0 | 0 | 3,125 | 227,597 | 24 |
| Michigan | 1,386 | 77,349 | 0 | 0 | 0 | 77,349 | 6 |
| Minnesota | 647 | 47,926 | 36,583 | 0 | 3,369 | 87,878 | 14 |
| Mississippi | 414 | 515 | 0 | 0 | 3,322 | 3,837 | 1 |
| Missouri | 854 | 167,587 | 0 | 1,868 | 0 | 169,455 | 20 |
| Montana | 136 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nebraska | 252 | 10,404 | 0 | 0 | 0 | 10,404 | 4 |
| Nevada | 232 | 43,211 | 0 | 0 | 35,412 | 78,623 | 34 |
| New Hampshire | 167 | 1,567 | 0 | 0 | 0 | 1,567 | 1 |

Medicare and Prepaid Enrollment Distribution by State 2000 continued

| | Medicare Enrollees (in 000's) | M + C | Cost | HCPP | Other Demos | Total Prepaid Enrollees | Prepaid as a Percent of Medicare |
|----------------------------------|-------------------------------------|---------|--------|--------|----------------|-------------------------------|--|
| New Jersey | 1,191 | 175,596 | 0 | 0 | 0 | 175,596 | 15 |
| New Mexico | 229 | 50,325 | 0 | 0 | 0 | 50,325 | 22 |
| New York | 2,678 | 432,749 | 42,947 | 16,530 | 6,431 | 498,657 | 19 |
| North Carolina | 1,114 | 46,055 | 0 | 0 | 0 | 46,055 | 4 |
| North Dakota | 103 | 0 | 685 | 0 | 0 | 685 | 1 |
| Ohio | 1,690 | 219,714 | 1,048 | 0 | 13,678 | 234,440 | 14 |
| Oklahoma | 503 | 51,599 | 0 | 0 | 0 | 51,599 | 10 |
| Oregon | 484 | 156,226 | 35,802 | 0 | 4,056 | 196,084 | 41 |
| Pennsylvania | 2,086 | 566,575 | 0 | 0 | 20,273 | 586,848 | 28 |
| Puerto Rico | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rhode Island | 170 | 68,046 | 0 | 0 | 0 | 68,046 | 40 |
| South Carolina | 557 | 0 | 0 | 0 | 0 | 0 | 0 |
| South Dakota | 119 | 331 | 0 | 0 | 0 | 331 | 0 |
| Tennessee | 817 | 45,355 | 0 | 0 | 0 | 45,355 | 6 |
| Texas | 2,227 | 328,389 | 23,655 | 8,354 | 32,581 | 392,979 | 18 |
| Utah | 202 | 0 | 0 | 18,737 | 0 | 18,737 | 9 |
| Vermont | 88 | 0 | 0 | 0 | 0 | 0 | 0 |
| V.I./Guam/A.S. | 16 | 0 | 0 | 0 | 0 | 0 | 0 |
| Virginia | 877 | 13,783 | 0 | 3,277 | 0 | 17,060 | 2 |
| Washington | 724 | 163,502 | 0 | 0 | 4,390 | 167,892 | 23 |
| West Virginia | 335 | 4,985 | 3,659 | 0 | 0 | 8,644 | 3 |
| Wisconsin | 777 | 33,162 | 8,011 | 0 | 650 | 41,823 | 5 |
| Wyoming | 64 | 0 | 0 | 0 | 0 | 0 | 0 |
| United Mine Workers ² | -- | -- | -- | 60,639 | | 60,639 | -- |

¹ Denominator Enrollment as of July 1999. ² United Mine Workers is a separate entity within Health Care Prepaid Plans (HCPP).

NOTES: Totals do not necessarily equal the sum of rounded components. Data as of July 2000. Enrollment by type of plan within State reflects the location of the plan, not necessarily the State of the residence of the beneficiary.

SOURCES: HCFA/CHPP/OIS

July 2000

Medicaid Beneficiaries by State Fiscal Year 1998

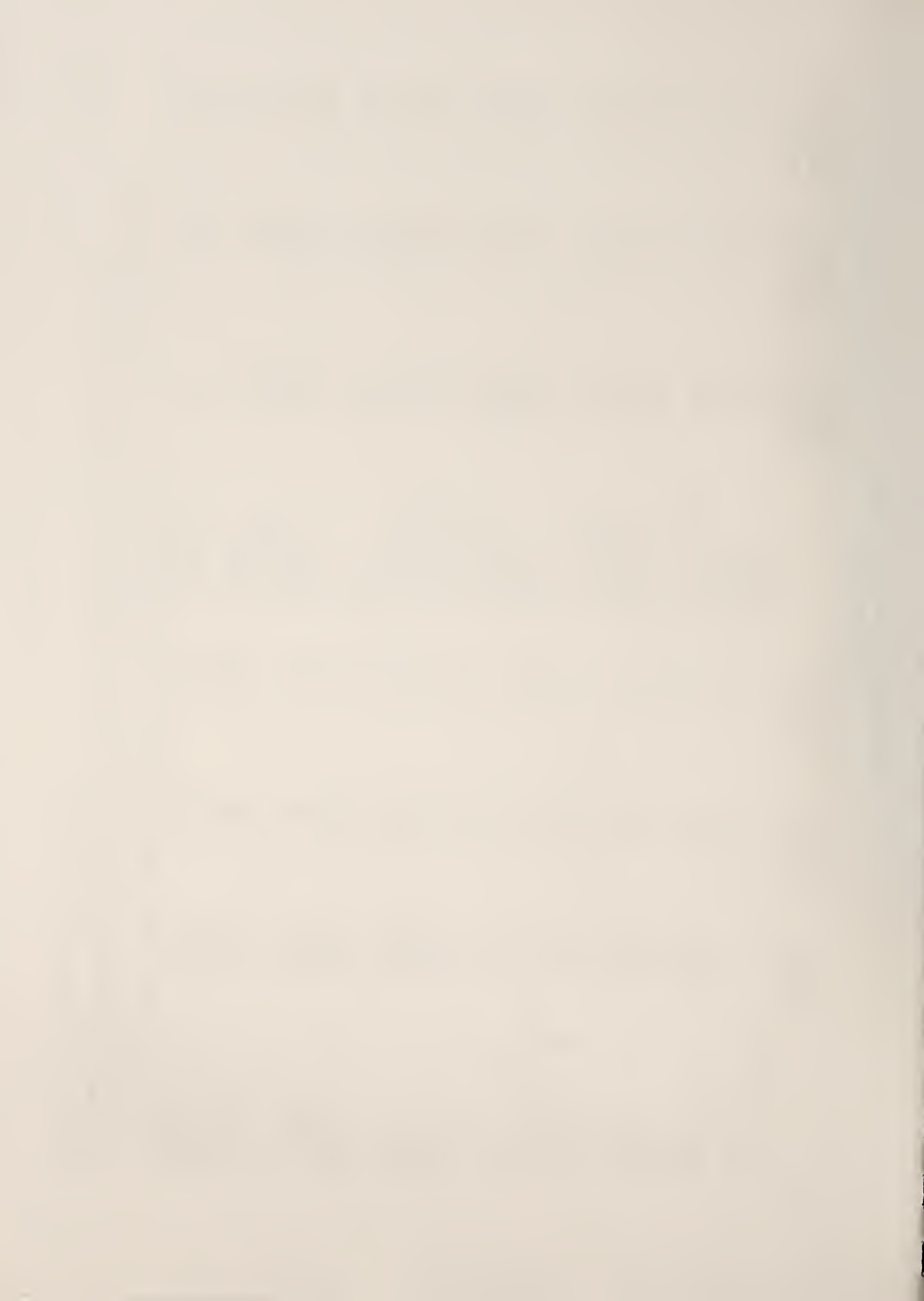
| | Resident Population in thousands | Medicaid Beneficiaries in thousands | Beneficiaries as Percent of Population | | Resident Population in thousands | Medicaid Beneficiaries in thousands | Beneficiaries as Percent of Population |
|---|--|---|--|--|--|---|--|
| All Reporting Medicaid Jurisdictions | NA | 40,650 | NA | | Missouri 5,438 | 734 | 13.5 |
| United States | 270,248 | 39,666 | 14.7 | | Montana 880 | 101 | 11.5 |
| Alabama | 4,351 | 527 | 12.1 | | Nebraska 1,661 | 211 | 12.7 |
| Alaska | 615 | 75 | 12.2 | | Nevada 1,744 | 128 | 7.3 |
| Arizona ¹ | 4,667 | 508 | 10.9 | | New Hampshire 1,186 | 94 | 7.9 |
| Arkansas | 2,538 | 425 | 16.7 | | New Jersey 8,096 | 813 | 10.0 |
| California | 32,683 | 7,082 | 21.7 | | New Mexico 1,733 | 329 | 19.0 |
| | | | | | New York 18,159 | 3,073 | 16.9 |
| Colorado | 3,969 | 345 | 8.7 | | North Carolina 7,546 | 1,168 | 15.5 |
| Connecticut | 3,273 | 381 | 11.6 | | North Dakota 638 | 62 | 9.7 |
| Delaware | 744 | 101 | 13.6 | | Ohio 11,238 | 1,291 | 11.5 |
| District of Columbia | 521 | 166 | 31.9 | | Oklahoma 3,339 | 342 | 10.2 |
| Florida | 14,908 | 1,905 | 12.8 | | Oregon 3,282 | 511 | 15.6 |
| | | | | | Pennsylvania 12,002 | 1,523 | 12.7 |
| Georgia | 7,637 | 1,222 | 16.0 | | Rhode Island 988 | 153 | 15.5 |
| Hawaii | 1,190 | 185 | 15.5 | | | | |
| Idaho | 1,231 | 123 | 10.0 | | South Carolina 3,840 | 595 | 15.5 |
| Illinois | 12,070 | 1,364 | 11.3 | | South Dakota 731 | 90 | 12.3 |
| Indiana | 5,908 | 607 | 10.3 | | Tennessee 5,433 | 1,844 | 33.9 |
| | | | | | Texas 19,712 | 2,325 | 11.8 |
| Iowa | 2,861 | 315 | 11.0 | | Utah 2,101 | 216 | 10.3 |
| Kansas | 2,639 | 242 | 9.2 | | | | |
| Kentucky | 3,934 | 644 | 16.4 | | Vermont 591 | 124 | 21.0 |
| Louisiana | 4,363 | 721 | 16.5 | | Virginia 6,789 | 653 | 9.6 |
| Maine | 1,248 | 170 | 13.6 | | Washington 5,688 | 1,413 | 24.8 |
| | | | | | West Virginia 1,812 | 343 | 18.9 |
| Maryland | 5,130 | 561 | 10.9 | | Wisconsin 5,222 | 519 | 9.9 |
| Massachusetts | 6,144 | 908 | 14.8 | | Wyoming 480 | 46 | 9.6 |
| Michigan | 9,820 | 1,363 | 13.9 | | | | |
| Minnesota | 4,726 | 538 | 11.4 | | Puerto Rico NA | 964 | NA |
| Mississippi | 2,751 | 486 | 17.7 | | Virgin Islands NA | 20 | NA |

¹ Arizona operates a medical assistance program under a Section 1115 Demonstration project.

NOTES: Resident population is a provisional estimate as of July 1, 1998. The 1998 resident population data for Puerto Rico and Virgin Islands is not available. Medicaid beneficiaries represents those ever receiving a reimbursed service or had a premium paid on their behalf.

SOURCES: HCFA/CMSO and Bureau of the Census

July 2000



Medicare State Buy-Ins for Part A and Part B
July 1999

| State | Part A QMBs | Part B Buy-Ins | Part B QMBs ¹ | Part B SLMBs ¹ | Part B QL-1s ¹ | State | Part A QMBs | Part B Buy-Ins | Part B QMBs ¹ | Part B SLMBs ¹ | Part B QL-1s ¹ |
|----------------------|----------------|-------------------|-----------------------------|------------------------------|------------------------------|----------------|----------------|-------------------|-----------------------------|------------------------------|------------------------------|
| Total | 343,039 | 5,273,573 | 2,451,226 | 335,583 | 33,375 | Missouri | 676 | 85,329 | 61,563 | 9,107 | 533 |
| Alabama | 3,053 | 128,875 | 32,934 | 11,646 | 2,372 | Montana | 408 | 12,274 | 9,110 | 1,693 | --- |
| Alaska | 655 | 7,799 | --- | 19 | --- | Nebraska | --- | 19,064 | 9,530 | 1,217 | --- |
| Arizona | 534 | 53,450 | 32,370 | 2,248 | 439 | Nevada | 1,056 | 18,322 | 13,282 | 2,534 | 36 |
| Arkansas | 3,413 | 79,508 | 21,215 | 5,647 | --- | New Hampshire | 24 | 6,875 | 1,486 | 531 | --- |
| California | 102,764 | 793,510 | 358,694 | 12,097 | 373 | New Jersey | 7,414 | 143,024 | 90,338 | 15,964 | 5,267 |
| Colorado | 492 | 53,964 | 11,295 | --- | --- | New Mexico | 465 | 36,023 | 8,565 | 2,784 | 218 |
| Connecticut | 2,368 | 52,134 | 40,926 | 4,608 | --- | New York | 247 | 372,824 | 160,501 | 2,244 | 1,068 |
| Delaware | 450 | 8,231 | 1,548 | 493 | 74 | North Carolina | 11,174 | 216,563 | 54,736 | 8,237 | 3,766 |
| District of Columbia | 993 | 13,181 | 373 | 1,773 | --- | North Dakota | --- | 5,758 | 1,460 | 471 | 35 |
| Florida | 41,769 | 324,172 | 189,246 | 19,508 | 4,057 | Ohio | 5,991 | 181,407 | 68,199 | 10,270 | 3,512 |
| Georgia | 5,473 | 171,638 | 46,716 | 11,678 | 1,352 | Oklahoma | 4,164 | 66,115 | 55,761 | 8,317 | 1,245 |
| Hawaii | 4,631 | 19,962 | 6,206 | 239 | 17 | Oregon | 49 | 55,896 | 28,620 | 4,368 | --- |
| Idaho | 447 | 15,868 | 9,875 | 1045 | 173 | Pennsylvania | 16,126 | 198,492 | 152,552 | 24,943 | --- |
| Illinois | 3,105 | 149,850 | 111,775 | 15,520 | 2,320 | Rhode Island | 677 | 18,513 | 1,338 | --- | --- |
| Indiana | 1,584 | 82,901 | 52,868 | 12,384 | 936 | South Carolina | 1,697 | 110,032 | 86,165 | 8,591 | --- |
| Iowa | 1,039 | 50,954 | 34,690 | 7,252 | 1,116 | South Dakota | 742 | 13,112 | 4,483 | 1,556 | 175 |
| Kansas | 645 | 40,365 | 15,695 | 2,179 | 176 | Tennessee | 7,257 | 178,707 | 76,482 | 5,904 | --- |
| Kentucky | 3,226 | 111,789 | 31,980 | 10,217 | 541 | Texas | 42,940 | 350,959 | 97,343 | 26,844 | --- |
| Louisiana | 4,764 | 116,602 | 26,936 | 5,412 | 1,014 | Texas | 131 | 15,569 | 10,441 | 1,719 | --- |
| Maine | 13 | 35,211 | 15,018 | 3,412 | --- | Utah | 183 | 13,598 | 3,458 | 2,057 | --- |
| Maryland | 7,005 | 64,086 | 46,253 | 2,526 | 484 | Virginia | 2,936 | 111,404 | 43,921 | 7,343 | 1,183 |
| Massachusetts | 15,352 | 143,779 | 119,448 | 11,918 | --- | Washington | 5,144 | 91,976 | 25,166 | 6,982 | 232 |
| Michigan | 11,438 | 139,411 | 43,102 | 16,236 | --- | West Virginia | 3,414 | 45,406 | 39,507 | 5,418 | --- |
| Minnesota | 4,285 | 59,926 | 14,296 | 3,374 | --- | Wisconsin | 4,001 | 74,681 | 17,307 | 7,416 | 556 |
| Mississippi | 6,433 | 107,176 | 64,389 | 6,871 | --- | Wyoming | 185 | 6,183 | 2,061 | 763 | 94 |
| | | | | | | Outlying Areas | --- | 1,125 | --- | --- | --- |

¹ Included in Part B Buy-In column.

NOTES: "---" equals ten or fewer observations. Qualified Medicare Beneficiaries (QMBs) and Specified Low-income Medicare Beneficiaries (SLMBs), and Qualified Individuals (QI-1s) are persons with limited resources whose incomes are at or below the national poverty level (QMBs), up to 120% of the national poverty levels (SLMBs), and up to 135% of the national poverty level (QI-1s). In addition to Medicare premiums, the Medicaid program may cover the cost of deductibles, coinsurance, and certain non-Medicare covered services which Medicare beneficiaries normally pay out of their own pockets.

SOURCE: HCFA/OIS

July 2000

Medicare Persons Served by State Calendar Year 1998

| | Aged | | | Disabled | | | Aged | | | Disabled | | |
|-------------------------|-----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|----------------------|-----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|--|
| | Persons Served in thousands | Served per 1,000 Enrollees | Persons Served in thousands | Persons Served in thousands | Served per 1,000 Enrollees | | Persons Served in thousands | Served per 1,000 Enrollees | Persons Served in thousands | Persons Served in thousands | Served per 1,000 Enrollees | |
| All Areas | 25,471 | 893 | 3,792 | 821 | | Missouri | 592 | 934 | 91 | 835 | | |
| United States | 25,464 | 914 | 3,791 | 848 | | Montana | 107 | 939 | 14 | 778 | | |
| | | | | | | Nebraska | 201 | 931 | 21 | 875 | | |
| | | | | | | Nevada | 112 | 868 | 17 | 773 | | |
| | | | | | | New Hampshire | 117 | 914 | 15 | 750 | | |
| | | | | | | New Jersey | 828 | 918 | 96 | 835 | | |
| Alabama | 478 | 917 | 95 | 848 | | New Mexico | 133 | 875 | 23 | 793 | | |
| Alaska | 27 | 871 | 5 | 833 | | New York | 1,728 | 923 | 260 | 820 | | |
| Arizona | 313 | 884 | 42 | 750 | | North Carolina | 835 | 942 | 153 | 884 | | |
| Arkansas | 317 | 911 | 61 | 836 | | North Dakota | 87 | 956 | 9 | 900 | | |
| California | 1,711 | 877 | 285 | 789 | | Ohio | 1,179 | 954 | 159 | 824 | | |
| Colorado | 241 | 913 | 40 | 769 | | Oklahoma | 365 | 924 | 53 | 841 | | |
| Connecticut | 347 | 828 | 44 | 880 | | Oregon | 270 | 1,000 | 36 | 837 | | |
| Delaware | 79 | 898 | 10 | 769 | | Pennsylvania | 1,301 | 942 | 150 | 806 | | |
| District of Columbia | 47 | 783 | 8 | 889 | | Rhode Island | 102 | 962 | 14 | 737 | | |
| Florida | 1,716 | 921 | 194 | 866 | | South Carolina | 414 | 928 | 85 | 895 | | |
| Georgia | 638 | 904 | 131 | 856 | | South Dakota | 96 | 914 | 11 | 846 | | |
| Hawaii | 90 | 938 | 10 | 769 | | Tennessee | 595 | 928 | 117 | 848 | | |
| Idaho | 127 | 955 | 15 | 833 | | Texas | 1,480 | 911 | 208 | 842 | | |
| Illinois | 1,172 | 895 | 145 | 822 | | Utah | 144 | 941 | 18 | 818 | | |
| Indiana | 653 | 936 | 88 | 872 | | Vermont | 68 | 932 | 10 | 833 | | |
| Iowa | 403 | 971 | 41 | 868 | | Virginia | 647 | 920 | 103 | 851 | | |
| Kansas | 309 | 939 | 33 | 832 | | Washington | 416 | 912 | 59 | 797 | | |
| Kentucky | 431 | 931 | 99 | 824 | | West Virginia | 247 | 984 | 52 | 867 | | |
| Louisiana | 369 | 854 | 75 | 844 | | Wisconsin | 615 | 951 | 69 | 852 | | |
| Maine | 165 | 927 | 27 | 813 | | Wyoming | 50 | 926 | 6 | 750 | | |
| Maryland | 426 | 869 | 52 | 805 | | Puerto Rico | 267 | 687 | 72 | 546 | | |
| Massachusetts | 570 | 869 | 91 | 835 | | Other Outlying Areas | 6 | 342 | 1 | 260 | | |
| Michigan | 1,074 | 929 | 152 | 821 | | Foreign Countries | 7 | 24 | (1) | (1) | | |
| Minnesota | 467 | 1,004 | 55 | 857 | | | | | | | | |
| Mississippi | 296 | 911 | 72 | | | | | | | | | |

¹ Less than 500.

NOTES: Persons served represents persons receiving a reimbursed service under fee-for-service at any time during the year. The denominator used to calculate the rate served per 1,000 enrollees is the July 1, 1998 HI and/or SMI fee-for-service population. The rates may exceed 1,000 for a variety of reasons, including areas with rapidly changing fee-for-service/managed care distributions.

SOURCE: HCFA/OSP

July 2000

National Community Hospital Care by State 1998 Annual Survey

| | Admissions in thousands | Average Stay in Days | Outpatient Visits in thousands | | Admissions in thousands | Average Stay in Days | Outpatient Visits in thousands |
|-------------------------|----------------------------|----------------------------|--------------------------------------|----------------|----------------------------|----------------------------|--------------------------------------|
| United States | 31,812 | 6.0 | 474,193 | Missouri | 742 | 5.8 | 10,161 |
| Alabama | 644 | 5.6 | 6,763 | Montana | 97 | 11.2 | 2,288 |
| Alaska | 41 | 9.2 | 1,039 | Nebraska | 192 | 9.3 | 2,849 |
| Arizona | 495 | 4.9 | 4,584 | Nevada | 171 | 4.9 | 1,593 |
| Arkansas | 358 | 5.9 | 4,168 | New Hampshire | 109 | 6.0 | 2,335 |
| California | 3,170 | 5.3 | 45,030 | New Jersey | 1,083 | 6.3 | 15,297 |
| Colorado | 373 | 5.0 | 6,046 | New Mexico | 158 | 4.5 | 3,265 |
| Connecticut | 330 | 5.3 | 6,498 | New York | 2,365 | 8.1 | 43,673 |
| Delaware | 84 | 6.0 | 1,296 | North Carolina | 908 | 6.4 | 11,067 |
| District of Columbia | 140 | 7.0 | 1,456 | North Dakota | 85 | 10.3 | 1,422 |
| Florida | 1,947 | 5.6 | 19,446 | Ohio | 1,355 | 5.4 | 24,798 |
| Georgia | 822 | 6.7 | 10,306 | Oklahoma | 391 | 5.5 | 4,387 |
| Hawaii | 98 | 7.9 | 2,460 | Oregon | 313 | 4.5 | 5,789 |
| Idaho | 115 | 6.1 | 2,176 | Pennsylvania | 1,752 | 6.2 | 30,580 |
| Illinois | 1,466 | 5.9 | 22,775 | Rhode Island | 117 | 5.6 | 2,170 |
| Indiana | 704 | 5.8 | 12,735 | South Carolina | 457 | 6.0 | 5,859 |
| Iowa | 374 | 6.8 | 7,751 | South Dakota | 96 | 10.7 | 1,508 |
| Kansas | 300 | 7.2 | 4,704 | Tennessee | 745 | 5.8 | 9,231 |
| Kentucky | 551 | 5.8 | 7,393 | Texas | 2,227 | 5.3 | 27,339 |
| Louisiana | 638 | 5.6 | 10,207 | Utah | 192 | 4.6 | 4,224 |
| Maine | 144 | 5.8 | 2,674 | Vermont | 50 | 7.9 | 1,152 |
| Maryland | 565 | 5.6 | 5,020 | Virginia | 717 | 5.7 | 8,324 |
| Massachusetts | 738 | 5.7 | 15,426 | Washington | 474 | 4.8 | 8,721 |
| Michigan | 1,105 | 5.8 | 21,772 | West Virginia | 281 | 6.3 | 5,007 |
| Minnesota | 516 | 8.0 | 5,515 | Wisconsin | 554 | 6.2 | 9,634 |
| Mississippi | 414 | 7.1 | 3,430 | Wyoming | 44 | 8.7 | 850 |

SOURCE: American Hospital Association's 2000 Hospital Statistics.

July 2000

Medicare Skilled Nursing Facility Non Swing Bed Utilization by State Calendar Year 1998

| | Total Patients | Total Discharges | Total Covered Days | Average Days Per Discharge | Total Reimbursement | Average Reimbursement | |
|----------------------|-------------------|---------------------|--------------------------|----------------------------------|------------------------|--------------------------|---------------|
| | | | | | | Per Day | Per Discharge |
| Total ¹ | 1,445,644 | 1,587,931 | 45,240,400 | 29 | \$11,312,643,901 | \$250 | \$7,124 |
| Alabama | 20,327 | 20,089 | 736,560 | 37 | 151,465,279 | 206 | 7,540 |
| Alaska | 640 | 755 | 21,730 | 29 | 4,754,664 | 219 | 6,298 |
| Arizona | 18,808 | 22,200 | 432,547 | 20 | 145,218,870 | 336 | 6,541 |
| Arkansas | 17,265 | 20,727 | 499,124 | 24 | 98,217,169 | 197 | 4,739 |
| California | 117,135 | 143,964 | 3,093,034 | 22 | 1,075,901,594 | 348 | 7,473 |
| Colorado | 15,402 | 18,981 | 411,575 | 22 | 134,657,997 | 327 | 7,094 |
| Connecticut | 27,117 | 24,714 | 1,118,828 | 45 | 240,964,005 | 215 | 9,750 |
| Delaware | 3,901 | 4,013 | 114,722 | 29 | 25,630,255 | 223 | 6,387 |
| District of Columbia | 2,531 | 2,667 | 70,475 | 26 | 19,823,265 | 281 | 7,433 |
| Florida | 104,698 | 122,075 | 3,108,960 | 26 | 990,428,890 | 319 | 8,113 |
| Georgia | 26,176 | 27,014 | 913,504 | 34 | 199,123,497 | 218 | 7,371 |
| Hawaii | 1,967 | 1,640 | 54,835 | 33 | 14,007,606 | 255 | 8,541 |
| Idaho | 7,146 | 8,063 | 199,935 | 25 | 54,493,777 | 273 | 6,758 |
| Illinois | 76,976 | 98,044 | 2,118,347 | 22 | 476,473,289 | 225 | 4,860 |
| Indiana | 46,187 | 52,191 | 1,462,677 | 28 | 370,219,870 | 253 | 7,094 |
| Iowa | 18,095 | 21,271 | 383,134 | 18 | 82,263,884 | 215 | 3,867 |
| Kansas | 16,359 | 19,747 | 406,860 | 21 | 98,000,750 | 241 | 4,963 |
| Kentucky | 25,192 | 26,589 | 769,345 | 29 | 172,458,635 | 224 | 6,486 |
| Louisiana | 22,143 | 27,467 | 565,768 | 21 | 168,941,614 | 299 | 6,151 |
| Maine | 9,831 | 10,498 | 300,457 | 29 | 54,333,713 | 181 | 5,176 |
| Maryland | 28,817 | 33,861 | 781,113 | 23 | 210,927,792 | 270 | 6,229 |
| Massachusetts | 51,991 | 55,797 | 1,783,067 | 32 | 441,256,353 | 247 | 7,908 |
| Michigan | 44,029 | 39,247 | 1,843,891 | 47 | 328,131,356 | 178 | 8,361 |
| Minnesota | 29,154 | 24,689 | 999,488 | 41 | 148,929,819 | 149 | 6,032 |
| Mississippi | 14,707 | 16,244 | 462,260 | 29 | 121,017,506 | 262 | 7,450 |
| Missouri | 42,259 | 51,432 | 1,149,252 | 22 | 294,311,069 | 256 | 5,722 |
| Montana | 6,481 | 7,621 | 165,405 | 22 | 33,345,955 | 202 | 4,376 |
| Nebraska | 10,992 | 12,332 | 290,035 | 24 | 62,145,132 | 214 | 5,039 |
| Nevada | 5,244 | 6,009 | 132,995 | 22 | 45,000,453 | 338 | 7,489 |

Medicare Skilled Nursing Facility/Non Swing Bed Utilization by State Calendar Year 1998

| | Total Patients | Total Discharges | Total Covered Days | Average Days Per Discharge | Total Reimbursement | Average Reimbursement Per Day | Average Reimbursement Per Discharge |
|----------------|-------------------|---------------------|--------------------------|----------------------------------|------------------------|-------------------------------------|---|
| New Hampshire | 5,351 | 5,340 | 185,222 | 35 | \$43,652,267 | \$236 | \$8,175 |
| New Jersey | 42,778 | 43,792 | 1,222,465 | 28 | 316,394,035 | 259 | 7,225 |
| New Mexico | 5,305 | 6,105 | 148,849 | 24 | 42,775,884 | 287 | 7,007 |
| New York | 78,046 | 55,043 | 3,829,211 | 70 | 808,186,749 | 211 | 14,683 |
| North Carolina | 37,870 | 35,261 | 1,371,381 | 39 | 246,218,397 | 180 | 6,983 |
| North Dakota | 4,169 | 3,567 | 105,301 | 30 | 16,079,290 | 153 | 4,508 |
| Ohio | 81,365 | 91,771 | 2,354,846 | 26 | 599,537,586 | 255 | 6,533 |
| Oklahoma | 17,648 | 21,127 | 414,110 | 20 | 125,333,446 | 303 | 5,932 |
| Oregon | 11,828 | 13,242 | 249,752 | 19 | 72,172,495 | 289 | 5,450 |
| Pennsylvania | 91,525 | 95,791 | 2,731,856 | 29 | 651,741,740 | 239 | 6,804 |
| Puerto Rico | 1,747 | 1,858 | 39,286 | 21 | 5,084,353 | 129 | 2,736 |
| Rhode Island | 7,651 | 7,444 | 280,965 | 38 | 49,262,563 | 175 | 6,618 |
| South Carolina | 17,926 | 19,263 | 586,156 | 30 | 135,488,420 | 231 | 7,034 |
| South Dakota | 4,240 | 4,308 | 147,869 | 34 | 19,956,290 | 135 | 4,632 |
| Tennessee | 36,296 | 41,907 | 1,176,677 | 28 | 269,018,447 | 229 | 6,419 |
| Texas | 90,486 | 112,575 | 2,697,951 | 24 | 870,959,203 | 323 | 7,737 |
| Utah | 8,528 | 10,085 | 231,348 | 23 | 65,086,285 | 281 | 6,454 |
| Vermont | 3,058 | 2,767 | 116,341 | 42 | 14,704,476 | 126 | 5,314 |
| Virgin Islands | 50 | 38 | 1,214 | 32 | 138,449 | 114 | 3,643 |
| Virginia | 24,621 | 23,289 | 797,894 | 34 | 169,291,453 | 212 | 7,269 |
| Washington | 24,582 | 27,003 | 661,334 | 25 | 193,327,157 | 292 | 7,159 |
| West Virginia | 12,554 | 14,528 | 347,033 | 24 | 85,097,059 | 245 | 5,857 |
| Wisconsin | 33,846 | 29,382 | 1,086,749 | 37 | 236,403,407 | 218 | 8,046 |
| Wyoming | 2,189 | 2,411 | 64,228 | 27 | 13,373,280 | 208 | 5,547 |

Includes residence unknown.

NOTES: Provider based data are derived from bills for services performed in 1998 and recorded in HCFA central records as of June 1999. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data excludes no pay bills and has been screened to protect the privacy of beneficiaries.

SOURCE: HCFA/OIS

July 2000

Medicare Home Health Agency Utilization by State Calendar Year 1998

| | Total Reimbursement | Total Patients | Total Visits | Average Reimbursement Per Patient | Average Visits Per Patient |
|----------------------|------------------------|-------------------|-----------------|---|----------------------------------|
| Total ¹ | \$10,466,204,875 | 3,061,500 | 154,992,259 | \$3,412 | 51 |
| Alabama | 227,380,747 | 63,285 | 4,347,344 | 3,593 | 69 |
| Alaska | 6,842,258 | 2,011 | 57,883 | 3,402 | 29 |
| Arizona | 78,888,833 | 28,678 | 1,074,124 | 2,751 | 37 |
| Arkansas | 109,646,245 | 37,511 | 2,022,891 | 2,923 | 54 |
| California | 745,034,401 | 223,485 | 7,900,045 | 3,334 | 35 |
| Colorado | 84,044,934 | 28,498 | 1,208,627 | 2,949 | 42 |
| Connecticut | 181,751,440 | 51,185 | 3,082,421 | 3,551 | 60 |
| Delaware | 22,388,317 | 8,866 | 317,135 | 2,525 | 36 |
| District of Columbia | 20,618,793 | 6,738 | 258,042 | 3,060 | 38 |
| Florida | 817,177,818 | 225,892 | 11,281,689 | 3,618 | 50 |
| Georgia | 304,120,669 | 80,561 | 5,114,571 | 3,775 | 63 |
| Hawaii | 10,891,725 | 4,576 | 119,968 | 2,380 | 26 |
| Idaho | 31,187,198 | 12,322 | 443,245 | 2,531 | 36 |
| Illinois | 375,908,748 | 136,314 | 5,220,404 | 2,758 | 38 |
| Indiana | 189,369,720 | 63,846 | 3,060,416 | 2,966 | 48 |
| Iowa | 61,966,282 | 33,213 | 1,167,904 | 1,866 | 35 |
| Kansas | 71,101,227 | 26,911 | 1,137,769 | 2,642 | 42 |
| Kentucky | 177,815,249 | 59,704 | 3,033,698 | 2,978 | 51 |
| Louisiana | 436,976,924 | 67,768 | 7,448,473 | 6,448 | 110 |
| Maine | 66,671,105 | 23,463 | 1,194,455 | 2,842 | 51 |
| Maryland | 116,402,533 | 45,637 | 1,382,866 | 2,551 | 30 |
| Massachusetts | 375,717,640 | 101,022 | 6,387,382 | 3,719 | 63 |
| Michigan | 368,655,125 | 124,838 | 4,672,231 | 2,953 | 37 |
| Minnesota | 71,181,180 | 32,226 | 1,093,619 | 2,209 | 34 |
| Mississippi | 238,433,351 | 51,184 | 4,492,216 | 4,658 | 88 |
| Missouri | 203,057,640 | 78,204 | 2,984,065 | 2,597 | 38 |
| Montana | 27,541,174 | 10,413 | 409,766 | 2,645 | 39 |
| Nebraska | 37,163,891 | 18,004 | 587,083 | 2,064 | 33 |
| Nevada | 38,079,465 | 11,129 | 492,431 | 3,422 | 44 |

**Medicare Home Health Agency Utilization by State
Calendar Year 1998
continued**

| | Total Reimbursement | Total Patients | Total Visits | Average Reimbursement Per Patient | Average Visits Per Patient |
|----------------|------------------------|-------------------|-----------------|---|----------------------------------|
| New Hampshire | \$39,446,401 | 15,470 | 761,897 | \$2,550 | 49 |
| New Jersey | 234,330,616 | 92,393 | 3,150,725 | 2,536 | 34 |
| New Mexico | 49,057,046 | 15,992 | 759,256 | 3,068 | 47 |
| New York | 592,066,801 | 193,955 | 7,815,949 | 3,053 | 40 |
| North Carolina | 281,460,811 | 101,043 | 4,090,749 | 2,786 | 40 |
| North Dakota | 16,549,353 | 8,097 | 268,218 | 2,044 | 33 |
| Ohio | 310,086,845 | 123,672 | 4,678,482 | 2,507 | 38 |
| Oklahoma | 278,049,191 | 50,546 | 4,629,304 | 5,501 | 92 |
| Oregon | 57,462,713 | 25,767 | 616,034 | 2,230 | 24 |
| Pennsylvania | 478,160,664 | 182,350 | 6,448,989 | 2,622 | 35 |
| Puerto Rico | 51,454,206 | 33,640 | 1,129,102 | 1,530 | 34 |
| Rhode Island | 62,095,693 | 17,631 | 903,222 | 3,522 | 51 |
| South Carolina | 137,484,348 | 45,875 | 2,099,655 | 2,997 | 46 |
| South Dakota | 15,442,588 | 7,977 | 267,587 | 1,936 | 34 |
| Tennessee | 405,260,823 | 86,625 | 6,575,052 | 4,678 | 76 |
| Texas | 1,357,513,862 | 214,880 | 20,081,579 | 6,318 | 93 |
| Utah | 63,691,104 | 15,255 | 997,979 | 4,175 | 65 |
| Vermont | 29,325,669 | 12,125 | 682,153 | 2,419 | 56 |
| Virgin Islands | 420,363 | 176 | 5,931 | 2,388 | 34 |
| Virginia | 217,480,216 | 72,228 | 3,195,157 | 3,011 | 44 |
| Washington | 85,270,582 | 38,489 | 916,776 | 2,215 | 24 |
| West Virginia | 67,807,465 | 25,764 | 1,090,941 | 2,632 | 42 |
| Wisconsin | 106,714,597 | 45,017 | 1,608,233 | 2,371 | 36 |
| Wyoming | 12,671,952 | 4,486 | 215,506 | 2,825 | 48 |

¹ Includes residence unknown.

NOTE: Provider based data are derived from bills for services performed in 1998 and recorded in HCFA central records as of June 1999. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCE: HCFA/OIS/HCIS

July 2000

Medicare Hospice Utilization by State Calendar Year 1998

| | Total Patients | Total Reimbursement | Total Covered Days | Total Covered Hours | Total Covered Procedures | Average Reimbursement Per Patient | Average Days Per Patient |
|----------------------|-------------------|------------------------|--------------------------|---------------------------|--------------------------------|---|--------------------------------|
| Total | 420,824 | \$2,206,671,929 | 20,211,128 | 1,418,954 | 226,337 | \$5,244 | 48 |
| Alabama | 8,434 | 49,602,286 | 530,632 | 32,111 | 1,886 | 5,881 | 63 |
| Alaska | 77 | 385,621 | 3,159 | 41 | 0 | 5,008 | 41 |
| Arizona | 12,859 | 70,223,337 | 552,814 | 30,307 | 10,203 | 5,461 | 43 |
| Arkansas | 4,520 | 26,848,964 | 295,886 | 18,232 | 313 | 5,940 | 65 |
| California | 39,623 | 213,016,215 | 1,732,951 | 155,164 | 16,352 | 5,376 | 44 |
| Colorado | 7,000 | 33,394,474 | 274,232 | 1,569 | 1,193 | 4,771 | 39 |
| Connecticut | 4,355 | 24,261,348 | 164,244 | 6,695 | 8,358 | 5,571 | 38 |
| Delaware | 1,201 | 6,074,451 | 60,666 | 123 | 95 | 5,058 | 51 |
| District of Columbia | 526 | 1,999,367 | 15,964 | 0 | 378 | 3,801 | 30 |
| Florida | 45,245 | 263,629,186 | 2,198,560 | 718,975 | 55,627 | 5,827 | 49 |
| Georgia | 11,066 | 58,820,164 | 599,589 | 22,593 | 1,874 | 5,315 | 54 |
| Hawaii | 1,200 | 5,528,359 | 47,544 | 23 | 20 | 4,607 | 40 |
| Idaho | 1,540 | 7,361,763 | 77,352 | 7,653 | 61 | 4,780 | 50 |
| Illinois | 18,624 | 93,112,093 | 833,951 | 21,034 | 6,774 | 5,000 | 45 |
| Indiana | 7,334 | 36,744,744 | 363,543 | 3,012 | 733 | 5,010 | 50 |
| Iowa | 5,368 | 25,847,248 | 261,568 | 3,725 | 3,089 | 4,815 | 49 |
| Kansas | 3,036 | 15,500,124 | 162,690 | 1,350 | 510 | 5,105 | 54 |
| Kentucky | 6,523 | 37,682,562 | 377,599 | 9,725 | 10,736 | 5,777 | 58 |
| Louisiana | 4,667 | 22,283,394 | 218,516 | 5,764 | 1,703 | 4,775 | 47 |
| Maine | 851 | 4,597,701 | 48,891 | 2,134 | 78 | 5,403 | 57 |
| Maryland | 6,161 | 26,352,935 | 244,136 | 280 | 1,700 | 4,277 | 40 |
| Massachusetts | 8,128 | 39,075,388 | 342,928 | 6,278 | 1,146 | 4,808 | 42 |
| Michigan | 18,774 | 94,763,823 | 857,951 | 12,217 | 5,003 | 5,048 | 46 |
| Minnesota | 6,439 | 32,613,010 | 310,506 | 17,119 | 2,766 | 5,065 | 48 |
| Mississippi | 3,553 | 24,072,420 | 240,943 | 21,814 | 222 | 6,775 | 68 |
| Missouri | 10,447 | 45,579,706 | 490,707 | 2,684 | 889 | 4,363 | 47 |
| Montana | 1,191 | 5,995,355 | 62,631 | 1,198 | 631 | 5,034 | 53 |
| Nebraska | 2,428 | 10,627,416 | 119,102 | 422 | 301 | 4,377 | 49 |
| Nevada | 2,971 | 16,721,707 | 124,412 | 1,119 | 3,137 | 5,628 | 42 |

Medicare Hospice Utilization by State (continued) Calendar Year 1998

| | Total Patients | Total Reimbursement | Total Covered Days | Total Covered Hours | Total Covered Procedures | Average Reimbursement Per Patient | Average Days Per Patient |
|----------------|-------------------|------------------------|--------------------------|---------------------------|--------------------------------|---|--------------------------------|
| New Hampshire | 1,412 | \$7,216,021 | 71,228 | 2,196 | 116 | \$5,110 | 50 |
| New Jersey | 10,560 | 48,771,032 | 445,530 | 533 | 2,308 | 4,618 | 42 |
| New Mexico | 2,785 | 14,410,191 | 134,896 | 715 | 1,132 | 5,174 | 48 |
| New York | 20,259 | 112,260,513 | 894,944 | 59,107 | 8,044 | 5,541 | 44 |
| North Carolina | 10,820 | 62,139,362 | 604,922 | 8,520 | 13,164 | 5,743 | 56 |
| North Dakota | 1,161 | 4,819,009 | 47,953 | 15,391 | 433 | 4,151 | 41 |
| Ohio | 21,908 | 102,934,432 | 910,708 | 20,843 | 11,698 | 4,698 | 42 |
| Oklahoma | 7,360 | 45,508,246 | 492,285 | 5,326 | 931 | 6,183 | 67 |
| Oregon | 7,252 | 30,756,439 | 301,885 | 7,950 | 39 | 4,241 | 42 |
| Pennsylvania | 21,094 | 103,966,440 | 933,736 | 57,672 | 7,139 | 4,929 | 44 |
| Puerto Rico | 3,949 | 17,971,520 | 231,654 | 1,412 | 9,742 | 4,551 | 59 |
| Rhode Island | 1,716 | 8,812,039 | 75,909 | 878 | 1,170 | 5,135 | 44 |
| South Carolina | 4,823 | 25,858,529 | 275,872 | 502 | 1,028 | 5,362 | 57 |
| South Dakota | 798 | 3,467,521 | 37,626 | 19 | 198 | 4,345 | 47 |
| Tennessee | 5,681 | 27,269,658 | 274,767 | 8,142 | 2,815 | 4,800 | 48 |
| Texas | 28,981 | 164,401,908 | 1,570,788 | 104,874 | 23,152 | 5,673 | 54 |
| Utah | 1,977 | 8,774,811 | 85,797 | 355 | 381 | 4,438 | 43 |
| Vermont | 654 | 2,545,087 | 26,474 | 3,115 | 18 | 3,892 | 40 |
| Virginia | 7,036 | 34,540,389 | 328,855 | 1,233 | 2,672 | 4,909 | 47 |
| Washington | 7,924 | 37,997,262 | 343,116 | 4,144 | 1,290 | 4,795 | 43 |
| West Virginia | 2,687 | 13,636,918 | 141,029 | 10,906 | 581 | 5,075 | 52 |
| Wisconsin | 7,306 | 34,137,743 | 349,093 | 1,584 | 2,461 | 4,673 | 48 |
| Wyoming | 343 | 1,761,698 | 18,394 | 176 | 47 | 5,136 | 54 |

NOTE: Provider based data are derived from bills for services performed in 1998 and recorded in HCFA central records as of June 1999. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCE: HCFA/OIS/HCIS

July 2000

Medicare Inpatient Hospitals by State **1999**

| | Short- Stay Hospitals | Beds per 1,000 Enrollees | Long- Stay Hospitals ¹ | Beds per 1,000 Enrollees | Short- Stay Hospitals | Beds per 1,000 Enrollees | Long- Stay Hospitals ¹ | Beds per 1,000 Enrollees |
|-------------------|-----------------------------|--------------------------------|---|--------------------------------|-----------------------------|--------------------------------|---|--------------------------------|
| All Areas | 4,917 | 22.6 | 1,068 | 3.0 | 117 | 29.0 | 26 | 2.5 |
| United States | 4,858 | 22.8 | 1,063 | 3.1 | 43 | 20.2 | 2 | 0.2 |
| Alabama | 105 | 28.3 | 18 | 2.4 | 78 | 24.0 | 9 | 3.6 |
| Alaska | 22 | 34.4 | 2 | 5.0 | 29 | 16.7 | 12 | 3.4 |
| Arizona | 67 | 15.9 | 16 | 1.2 | 26 | 18.0 | 5 | 3.6 |
| Arkansas | 77 | 24.7 | 17 | 3.5 | 83 | 24.0 | 28 | 3.2 |
| California | 402 | 29.2 | 71 | 2.2 | 41 | 19.5 | 11 | 3.5 |
| Colorado | 63 | 20.9 | 15 | 4.4 | 218 | 26.2 | 47 | 5.8 |
| Connecticut | 32 | 16.1 | 16 | 4.1 | 116 | 21.0 | 16 | 3.2 |
| Delaware | 5 | 17.0 | 6 | 3.9 | 42 | 31.0 | 4 | 4.1 |
| Dist. of Columbia | 10 | 53.4 | 6 | 16.2 | 168 | 26.6 | 36 | 2.6 |
| Florida | 190 | 18.2 | 56 | 1.6 | 117 | 27.1 | 26 | 3.4 |
| Georgia | 156 | 26.5 | 32 | 4.0 | 59 | 16.1 | 4 | 0.7 |
| Hawaii | 23 | 14.6 | 4 | 2.5 | 194 | 17.7 | 51 | 3.9 |
| Idaho | 38 | 16.6 | 6 | 1.2 | 11 | 17.7 | 6 | 7.8 |
| Illinois | 194 | 29.8 | 27 | 2.0 | 62 | 20.6 | 13 | 3.4 |
| Indiana | 110 | 23.8 | 44 | 2.6 | 58 | 27.0 | 2 | 1.4 |
| Iowa | 117 | 25.5 | 4 | 0.8 | 122 | 29.5 | 25 | 2.5 |
| Kansas | 110 | 28.3 | 16 | 3.4 | 366 | 23.0 | 114 | 3.5 |
| Kentucky | 102 | 25.9 | 18 | 3.8 | 41 | 20.9 | 7 | 3.0 |
| Louisiana | 119 | 30.3 | 55 | 7.5 | 14 | 21.5 | 2 | 2.3 |
| Maine | 34 | 17.7 | 5 | 2.1 | 91 | 22.5 | 28 | 3.3 |
| Maryland | 48 | 21.0 | 20 | 5.9 | 86 | 17.5 | 10 | 2.2 |
| Massachusetts | 75 | 14.9 | 45 | 6.7 | 49 | 26.4 | 10 | 2.2 |
| Michigan | 151 | 20.4 | 24 | 2.5 | 122 | 24.2 | 16 | 2.6 |
| Minnesota | 136 | 23.7 | 13 | 3.3 | 24 | 24.6 | 3 | 1.3 |
| Mississippi | 98 | 29.1 | 8 | 1.2 | | | | |
| | | | | | Puerto Rico | 18.6 | 5 | 2.1 |
| | | | | | Other Outlying Areas | N/A | -- | -- |

¹Excludes Christian Science, Critical Access, and Alcohol/Drug.

NOTES: Facility data as of December 1999. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 1999.

SOURCES: HCFA/OSP

July 2000

Medicare Skilled Nursing Facilities and Certified Beds by State 1999

| | Facilities | Beds | | Facilities | Beds |
|----------------------|------------|---------|-------------------------------------|------------|---------|
| All Areas | 14,913 | 836,720 | Missouri | 460 | 10,027 |
| United States | 14,904 | 836,377 | Montana | 102 | 5,703 |
| Alabama | 220 | 11,169 | Nebraska | 172 | 7,643 |
| Alaska | 15 | 485 | Nevada | 48 | 4,852 |
| Arizona | 159 | 5,299 | New Hampshire | 66 | 4,231 |
| Arkansas | 195 | 5,026 | | | |
| California | 1,289 | 65,325 | New Jersey | 363 | 28,420 |
| Colorado | | | New Mexico | 71 | 2,495 |
| Connecticut | 204 | 9,565 | New York | 657 | 119,642 |
| Delaware | 248 | 24,412 | North Carolina | 405 | 21,565 |
| District of Columbia | 38 | 2,345 | North Dakota | 89 | 7,043 |
| District of Columbia | 19 | 1,508 | | | |
| Florida | 735 | 36,407 | Ohio | 877 | 45,165 |
| Georgia | | | Oklahoma | 247 | 8,244 |
| Hawaii | 324 | 16,978 | Oregon | 128 | 6,190 |
| Idaho | 41 | 3,087 | Pennsylvania | 766 | 47,210 |
| Illinois | 82 | 4,443 | Rhode Island | 101 | 6,374 |
| Indiana | 660 | 19,340 | | | |
| | 505 | 19,323 | South Carolina | 176 | 10,237 |
| Iowa | | | South Dakota | 90 | 4,977 |
| Kansas | 292 | 16,860 | Tennessee | 277 | 11,426 |
| Kentucky | 268 | 9,434 | Texas | 1,046 | 30,782 |
| Louisiana | 311 | 14,804 | Utah | 79 | 3,337 |
| Maine | 203 | 8,780 | | | |
| | 126 | 4,583 | Vermont | 42 | 3,134 |
| Maryland | | | Virginia | 224 | 7,557 |
| Massachusetts | 233 | 13,142 | Washington | 267 | 12,093 |
| Michigan | 522 | 31,977 | West Virginia | 109 | 5,016 |
| Minnesota | 389 | 25,236 | Wisconsin | 369 | 28,521 |
| Mississippi | 424 | 37,402 | Wyoming | 34 | 2,419 |
| | 137 | 5,144 | | | |
| | | | U.S. Territories and Possessions | 9 | 343 |

NOTE: Data as of December.

SOURCES: HCFA/OSP

July 2000

Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State 1999

| | Nursing Facilities Title 19 Only | Institutions for Mentally Retarded | | Nursing Facilities Title 19 Only | Institutions for Mentally Retarded |
|----------------------|-------------------------------------|--|----------------|-------------------------------------|--|
| United States | 2,246 | 6,775 | Missouri | 98 | 19 |
| Alabama | 5 | 8 | Montana | 3 | 3 |
| Alaska | 0 | 0 | Nebraska | 69 | 4 |
| Arizona | 2 | 11 | Nevada | 2 | 23 |
| Arkansas | 78 | 40 | New Hampshire | 18 | 1 |
| California | 107 | 1,006 | New Jersey | 2 | 10 |
| Colorado | 22 | 3 | New Mexico | 11 | 39 |
| Connecticut | 9 | 125 | New York | 3 | 804 |
| Delaware | 4 | 3 | North Carolina | 4 | 333 |
| District of Columbia | 1 | 133 | North Dakota | 0 | 66 |
| Florida | 8 | 111 | Ohio | 132 | 454 |
| Georgia | 39 | 11 | Oklahoma | 163 | 47 |
| Hawaii | 3 | 21 | Oregon | 29 | 2 |
| Idaho | 0 | 67 | Pennsylvania | 22 | 221 |
| Illinois | 220 | 320 | Rhode Island | 0 | 20 |
| Indiana | 64 | 570 | South Carolina | 0 | 159 |
| Iowa | 179 | 124 | South Dakota | 25 | 4 |
| Kansas | 132 | 42 | Tennessee | 78 | 83 |
| Kentucky | 0 | 12 | Texas | 223 | 908 |
| Louisiana | 136 | 475 | Utah | 14 | 14 |
| Maine | 0 | 29 | Vermont | 3 | 2 |
| Maryland | 19 | 5 | Virginia | 51 | 20 |
| Massachusetts | 27 | 7 | Washington | 11 | 17 |
| Michigan | 55 | 2 | West Virginia | 28 | 62 |
| Minnesota | 22 | 279 | Wisconsin | 57 | 41 |
| Mississippi | 61 | 13 | Wyoming | 7 | 2 |

NOTE: Data as of December.

SOURCES: HCFA/OSP

July 2000

Community Hospitals by State 1998 Annual Survey

| | | Beds per 1,000 Resident | | Beds per 1,000 Resident | |
|----------------------|--|----------------------------|---------|----------------------------|--------|
| | | Hospitals | Beds | Hospitals | Beds |
| United States | | 5,015 | 839,988 | 122 | 20,685 |
| Alabama | | 110 | 16,998 | 53 | 4,413 |
| Alaska | | 17 | 1,240 | 86 | 8,133 |
| Arizona | | 64 | 10,857 | 20 | 3,528 |
| Arkansas | | 82 | 9,876 | 28 | 2,841 |
| California | | 405 | 74,482 | 83 | 26,353 |
| Colorado | | 69 | 9,179 | 36 | 3,489 |
| Connecticut | | 33 | 6,949 | 222 | 68,511 |
| Delaware | | 6 | 1,977 | 116 | 23,297 |
| District of Columbia | | 12 | 3,552 | 43 | 3,978 |
| Florida | | 204 | 49,231 | 172 | 35,187 |
| Georgia | | 156 | 25,236 | 109 | 11,022 |
| Hawaii | | 20 | 2,791 | 60 | 6,809 |
| Idaho | | 42 | 3,414 | 212 | 44,739 |
| Illinois | | 203 | 39,218 | 12 | 2,581 |
| Indiana | | 111 | 19,401 | 65 | 11,518 |
| Iowa | | 116 | 12,219 | 49 | 4,401 |
| Kansas | | 129 | 10,923 | 122 | 20,682 |
| Kentucky | | 106 | 15,240 | 400 | 56,573 |
| Louisiana | | 126 | 17,820 | 41 | 4,010 |
| Maine | | 38 | 3,768 | 14 | 1,671 |
| Maryland | | 51 | 12,670 | 93 | 17,890 |
| Massachusetts | | 82 | 16,493 | 86 | 10,739 |
| Michigan | | 151 | 27,168 | 58 | 8,117 |
| Minnesota | | 136 | 16,486 | 123 | 16,693 |
| Mississippi | | 96 | 13,005 | 25 | 1,935 |
| Missouri | | | | | |
| Montana | | | | | |
| Nebraska | | | | | |
| Nevada | | | | | |
| New Hampshire | | | | | |
| New Jersey | | | | | |
| New Mexico | | | | | |
| New York | | | | | |
| North Carolina | | | | | |
| North Dakota | | | | | |
| Ohio | | | | | |
| Oklahoma | | | | | |
| Oregon | | | | | |
| Pennsylvania | | | | | |
| Rhode Island | | | | | |
| South Carolina | | | | | |
| South Dakota | | | | | |
| Tennessee | | | | | |
| Texas | | | | | |
| Utah | | | | | |
| Vermont | | | | | |
| Virginia | | | | | |
| Washington | | | | | |
| West Virginia | | | | | |
| Wisconsin | | | | | |
| Wyoming | | | | | |

SOURCE: American Hospital Association's 2000 Hospital Statistics.

July 2000

**Medicare Part B Participating Physicians and Other Practitioners by State
Selected Years**

| | January 1996 | January 1997 | January 1998 | January 1999 | January 2000 |
|----------------------|--------------|--------------|--------------|--------------|--------------|
| Alabama | 91.8 | 93.5 | 94.0 | 94.5 | 95.5 |
| Alaska | 73.5 | 79.0 | 79.6 | 81.4 | 82.9 |
| Arizona | 85.2 | 86.6 | 89.2 | 89.7 | 90.3 |
| Arkansas | 77.2 | 78.9 | 80.4 | 83.1 | 94.6 |
| California | 80.5 | 80.9 | 81.9 | 81.0 | 85.5 |
| Colorado | 79.5 | 81.4 | 83.1 | 84.6 | 87.4 |
| Connecticut | 84.3 | 86.4 | 87.8 | 88.7 | 89.3 |
| Delaware | 72.3 | 68.6 | 83.1 | 84.1 | 85.2 |
| District of Columbia | 65.3 | 68.6 | 79.5 | 81.0 | 84.1 |
| Florida | 70.9 | 73.9 | 76.2 | 77.6 | 90.1 |
| Georgia | 87.2 | 88.6 | 88.6 | 83.3 | 89.4 |
| Hawaii | 83.6 | 84.0 | 84.6 | 85.6 | 90.3 |
| Idaho | 60.1 | 67.6 | 72.2 | 75.6 | 77.6 |
| Illinois | 75.6 | 83.3 | 85.4 | 84.2 | 90.9 |
| Indiana | 75.7 | 76.8 | 77.9 | 79.0 | 83.2 |
| Iowa | 83.6 | 88.5 | 90.0 | 91.1 | 93.2 |
| Kansas | 91.1 | 91.8 | 93.3 | 94.7 | 94.2 |
| Kentucky | 85.8 | 88.7 | 89.7 | 92.3 | 93.8 |
| Louisiana | 61.0 | 64.6 | 67.6 | 73.5 | 91.7 |
| Maine | 77.2 | 79.9 | 92.4 | 93.8 | 94.3 |
| Maryland | 89.9 | 89.6 | 90.6 | 91.7 | 93.4 |
| Massachusetts | 74.9 | 77.2 | 93.7 | 94.0 | 94.9 |
| Michigan | 80.2 | 82.6 | 88.2 | 87.7 | 95.3 |
| Minnesota | 70.6 | 77.3 | 77.9 | 78.1 | 79.3 |
| Mississippi | 77.3 | 79.3 | 81.4 | 82.6 | 83.5 |
| Missouri | 86.8 | 88.1 | 89.3 | 89.2 | 87.9 |
| Montana | 77.4 | 78.7 | 82.7 | 84.7 | 86.6 |
| Nebraska | 86.3 | 87.2 | 89.7 | 92.4 | 92.7 |
| Nevada | 90.8 | 92.2 | 92.6 | 93.3 | 94.1 |
| New Hampshire | 77.0 | 79.7 | 91.9 | 92.2 | 93.1 |
| New Jersey | 60.6 | 62.8 | 66.0 | 80.1 | 82.8 |
| New Mexico | 80.7 | 81.7 | 87.8 | 89.3 | 89.9 |
| New York | 64.2 | 70.0 | 72.8 | 75.3 | 80.3 |
| North Carolina | 81.0 | 84.6 | 86.0 | 88.3 | 89.6 |
| North Dakota | 92.2 | 93.2 | 93.5 | 94.3 | 95.5 |
| Ohio | 91.8 | 92.7 | 93.2 | 93.2 | 93.9 |
| Oklahoma | 76.1 | 84.0 | 88.4 | 89.9 | 91.7 |
| Oregon | 82.1 | 87.6 | 89.3 | 89.8 | 90.7 |
| Pennsylvania | 69.3 | 72.0 | 73.6 | 83.5 | 85.5 |
| Rhode Island | 66.8 | 68.4 | 70.1 | 71.7 | 72.5 |
| South Carolina | 82.7 | 85.5 | 87.1 | 90.0 | 91.4 |
| South Dakota | 71.4 | 79.3 | 83.5 | 85.7 | 86.7 |
| Tennessee | 83.1 | 87.5 | 88.7 | 90.9 | 91.2 |
| Texas | 80.3 | 82.1 | 84.2 | 83.3 | 85.4 |
| Utah | 86.8 | 90.2 | 92.2 | 94.1 | 94.6 |
| Vermont | 76.1 | 78.6 | 91.1 | 91.8 | 92.9 |
| Virginia | 84.3 | 85.7 | 88.6 | 87.2 | 87.3 |
| Washington | 86.4 | 89.9 | 91.2 | 91.7 | 92.9 |
| West Virginia | 89.3 | 90.8 | 90.1 | 92.1 | 93.5 |
| Wisconsin | 83.9 | 85.2 | 89.0 | 89.4 | 90.9 |
| Wyoming | 81.2 | 83.3 | 84.9 | 86.4 | 87.1 |

NOTE: Other practitioners includes limited license practitioners and non-physician practitioners.

SOURCE: HCFA/OFM

July 2000

**Physician Assignment Rates as a Percent of Allowed Charges by State
Fiscal Year 1999**

| HCFA Region/State | Assignment Rate ¹ | HCFA Region/State | Assignment Rate ¹ |
|----------------------|---------------------------------|-------------------|---------------------------------|
| National | 99.0 | | |
| Alabama | 99.6 | Montana | 97.8 |
| Alaska | 98.5 | Nebraska | 96.3 |
| Arizona | 94.0 | Nevada | 99.8 |
| Arkansas | 99.5 | New Hampshire | 99.2 |
| California | 99.0 | New Jersey | 97.6 |
| Colorado | 97.8 | New Mexico | 98.5 |
| Connecticut | 98.8 | New York | 98.3 |
| Delaware | 99.2 | North Carolina | 98.9 |
| District of Columbia | 98.5 | North Dakota | 99.4 |
| Florida | 99.4 | Ohio | 99.9 |
| Georgia | 99.2 | Oklahoma | 98.6 |
| Hawaii | 99.4 | Oregon | 97.6 |
| Idaho | 86.9 | Pennsylvania | 99.8 |
| Illinois | 98.5 | Rhode Island | 99.9 |
| Indiana | 99.1 | South Carolina | 99.3 |
| Iowa | 98.8 | South Dakota | 90.6 |
| Kansas | 99.6 | Tennessee | 99.5 |
| Kentucky | 99.4 | Texas | 99.0 |
| Louisiana | 99.4 | Utah | 99.3 |
| Maine | 99.7 | Vermont | 99.5 |
| Maryland | 99.2 | Virginia | 99.5 |
| Massachusetts | 99.9 | Washington | 98.6 |
| Michigan | 99.6 | West Virginia | 99.6 |
| Minnesota | 95.3 | Wisconsin | 99.4 |
| Mississippi | 99.4 | Wyoming | 92.9 |
| Missouri | 99.1 | | |

SOURCE: HCFA/OFM

July 2000

Medicare Physicians by State ¹ 2000

| State | Number | Percent of Total | State | Number | Percent of Total |
|---------------------|----------------------|---------------------|--------------------------|--------|---------------------|
| Total | 854,224 ² | 100.0 | Mississippi | 5,328 | 0.6 |
| Alabama | 9,682 | 1.1 | Montana | 2,755 | 0.3 |
| Alaska | 1,623 | 0.2 | North Carolina | 21,057 | 2.5 |
| Arizona | 12,637 | 1.5 | North Dakota | 2,482 | 0.3 |
| Arkansas | 7,469 | 0.9 | Nebraska | 4,607 | 0.5 |
| California | 96,692 | 11.3 | New Hampshire | 4,890 | 0.6 |
| Colorado | 12,982 | 1.5 | New Jersey | 29,929 | 3.5 |
| Connecticut | 11,747 | 1.4 | New Mexico | 4,283 | 0.5 |
| Delaware | 2,540 | 0.3 | Nevada | 4,009 | 0.5 |
| District Columbia | 4,316 | 0.5 | New York | 67,163 | 7.9 |
| Florida | 45,562 | 5.3 | Ohio | 34,478 | 4.0 |
| Georgia | 20,718 | 2.4 | Oklahoma | 7,757 | 0.9 |
| Hawaii ³ | 4,072 | 0.5 | Oregon | 10,495 | 1.2 |
| Iowa | 9,093 | 1.1 | Pennsylvania | 54,723 | 6.4 |
| Idaho | 2,946 | 0.3 | Puerto Rico ⁴ | 6,293 | 0.7 |
| Illinois | 33,331 | 3.9 | Rhode Island | 3,299 | 0.4 |
| Indiana | 15,199 | 1.8 | South Carolina | 9,832 | 1.2 |
| Kansas | 7,178 | 0.8 | South Dakota | 2,378 | 0.3 |
| Kentucky | 9,571 | 1.1 | Tennessee | 16,768 | 2.0 |
| Louisiana | 14,056 | 1.6 | Texas | 53,604 | 6.3 |
| Massachusetts | 31,848 | 3.7 | Utah | 5,447 | 0.6 |
| Maryland | 19,661 | 2.3 | Virginia | 16,644 | 1.9 |
| Maine | 5,141 | 0.6 | Vermont | 2,494 | 0.3 |
| Michigan | 29,941 | 3.5 | Washington | 19,302 | 2.3 |
| Minnesota | 15,531 | 1.8 | Wisconsin | 16,932 | 2.0 |
| Missouri | 17,035 | 2.0 | West Virginia | 5,301 | 0.6 |
| | | | Wyoming | 1,394 | 0.2 |

¹ Medicare physicians are MD, DO, DDM, DDS, DPM, OD, and CH. ² Total includes unknown. ³ Guam included in Hawaii.

⁴ Virgin Islands included in Puerto Rico.

NOTE: Percent total does not necessarily equal sum of rounded components. Data as of April 2000.

SOURCES: HCFA/OSP/CHPP (Medicare Physician Registry)

July 2000

IX. FINANCING

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

HIGHLIGHTS

- o The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.*
- o The Medicare Part A inpatient hospital deductible increased from \$40 in 1966 to \$776 in 2000.*
- o The Medicare Coinsurance has remained at 20 percent since the beginning of the program. The annual Part B Deductible increased from \$50 beginning July 1966 to \$100 beginning January 1991.*
- o The Medicare Part B premiums increased from \$3 per month in 1966 to \$45.50 per month in 2000.*

Financing of Medicare Programs

| |
|------------------|
| Source of Income |
|------------------|

HI Trust Fund

1. Payroll taxes *
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

* Contribution rate

| | |
|-------------------------------|-------|
| Employees and employers, each | 1.45% |
| Self employed | 2.90% |

| | |
|----------------------------------|-------------------|
| Maximum taxable amount (CY 2000) | none ¹ |
|----------------------------------|-------------------|

Voluntary HI Premium ²

| | |
|-------------------------|-------|
| Monthly Premium (2000): | \$301 |
|-------------------------|-------|

SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Part B Premium

| | |
|-------------------------------|---------|
| Monthly Basic Premium (2000): | \$45.50 |
|-------------------------------|---------|

¹ The Omnibus Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.

² Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement. A reduced premium of \$166 is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act.

SOURCE: HCFA/OACT

July 2000

Financing Medicaid Programs Fiscal Year 2000

| Federal Contributions | Percent |
|---|---------|
| 1. Medical Vendor Payments ¹ | 50-83 |
| 2. Family Planning Services | 90 |
| 3. Administrative Costs | 50 |
| 4. Development of Management Information Systems | 90 |
| 5. Operation of Management Information Systems | 75 |
| 6. Skilled Nursing Facility, Inspectors | 75 |
| 7. Intermediate Care Facility for the Mentally Retarded, Inspectors | |
| a. Salaries, Fringe Benefits, Travel & Training | 75 |
| b. All Other Costs | 50 |
| 8. Skilled Professional Medical Personnel | 75 |
| 9. State Medicaid Fraud and Abuse Units | 75 |
| 10. PRO Performance Review | 75 |
| 11. Systematic Alien Verification for Entitlements System | 100 |
| 12. Preadmission Screening and Annual Resident Review | 75 |
| 13. Indian Health Services | 100 |
| 14. TANF Allocation Enhanced Administrative Match ² | 75-90 |

¹ Range reflects floor to ceiling percentages available under statute in any fiscal year. The ceiling for children's medical assistance vendor payments under sections 1905(u)(2) and 1905 (u)(3) is 85 percent.

² Special transitional enhanced match for certain administrative expenditures attributable to the costs of Medicaid eligibility determinations with the advent of the Temporary Assistance to Needy Families (TANF) program (section 1931).

SOURCE: HCFA/CMSO

July 2000

Medicare Cost Sharing and Premium Amounts for Hospital Insurance ¹

| | | Inpatient Hospital | | | SNF ³ | |
|-----------------------------------|------|--------------------|-------------------|------------------|--------------------|----------------------|
| | | Deductible (IHD) | Daily Coinsurance | | Daily | Hospital |
| | | | 61st | LTR ² | Coinsurance | Insurance |
| | | Covers | through | after | after | Monthly |
| | | first | 90th days | 90 days | 20 days | Premium ⁴ |
| | | 60 days | (1/4 x IHD) | (1/2 x IHD) | (1/8 x IHD) | |
| Beginning in January unless noted | | | | | | |
| July | 1966 | \$40 | \$10 | (⁵) | (⁵) | — |
| | 1970 | 52 | 13 | 26 | 6.50 | — |
| | 1980 | 180 | 45 | 90 | 22.50 | 78 ⁶ |
| | 1985 | 400 | 100 | 200 | 50.00 | 174 ⁷ |
| | 1986 | 492 | 123 | 246 | 61.50 | 214 |
| | 1987 | 520 | 130 | 260 | 65.00 | 226 |
| | 1988 | 540 | 135 | 270 | 67.50 | 234 |
| | 1989 | 560 ⁸ | 0 ⁸ | 0 ⁸ | 25.50 ⁹ | 156 ¹⁰ |
| | 1990 | 592 | 148 | 296 | 74.00 | 175 |
| | 1991 | 628 | 157 | 314 | 78.50 | 177 |
| | 1992 | 652 | 163 | 326 | 81.50 | 192 |
| | 1993 | 676 | 169 | 338 | 84.50 | 221 |
| | 1994 | 696 | 174 | 348 | 87.00 | 245 ¹¹ |
| | 1995 | 716 | 179 | 358 | 89.50 | 261 ¹¹ |
| | 1996 | 736 | 184 | 368 | 92.00 | 289 ¹¹ |
| | 1997 | 760 | 190 | 380 | 95.00 | 311 ¹¹ |
| | 1998 | 764 | 191 | 382 | 95.50 | 309 ¹¹ |
| | 1999 | 768 | 192 | 384 | 96.00 | 309 ¹¹ |
| | 2000 | 776 | 194 | 388 | 97.00 | 301 ¹¹ |

¹ Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below.

² LTR is lifetime reserve.

³ SNF is skilled nursing facility.

⁴ Premium paid for voluntary participation of individuals aged 65 or older not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.

⁵ Benefit not provided.

⁶ Beginning in July for years 1973 through 1982. Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.

⁷ Beginning in January 1984 and succeeding years.

⁸ The 1989 IHD was applied on an annual, rather than a benefit period, basis. Once the deductible was paid by the beneficiary, Medicare paid the balance of expenses for covered hospital services, regardless of the days of hospitalization (however, psychiatric hospital care was still limited by the 190-day lifetime maximum).

⁹ The beneficiary paid this coinsurance amount for the first 8 days of care in 1989, rather than for days of care 21 to 100 as in the other years shown. SNF benefits were available up to 150 days of care per year in 1989, instead of up to 100 days of care per benefit period as in the other years shown. The coinsurance amount in 1989 was equal to 20 percent of the estimated national average daily cost of covered SNF care, rather than 1/8 of the IHD.

¹⁰ Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for current and succeeding years.

¹¹ For 1994 and later, a reduced premium is available to individuals aged 65 or older who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 2000, the reduced premium is \$166.

SOURCE: HCFA/OACT

July 2000

Medicare Cost Sharing and Premium Amounts for Supplementary Medical Insurance

| | Annual Deductible | Coinsurance | Monthly Premiums | | |
|---------------------------------------|----------------------------------|------------------|--|--------------------|--------------------|
| | | | For Enrollee (aged and disabled) ¹ | Government Amounts | |
| | | | | Aged | Disabled |
| Beginning July unless otherwise noted | | | | | |
| 1966 | \$50 | 20% | \$3.00 | \$3.00 | — |
| 1967 | (²) | — | — | — | — |
| 1970 | (³) | (³) | 5.30 | 5.30 | — |
| 1975 | 60 ⁴ | (⁵) | — | 8.30 | 30.30 |
| 1980 | — | — | 9.60 | 23.00 | 41.40 |
| 1981 | (⁶)(⁷) | (⁷) | 11.00 | 34.20 | 62.20 |
| 1982 | 75 ⁸ | (⁸) | 12.20 | 37.00 | 72.00 |
| 1983 | — | — | — | 41.80 | 80.00 |
| 1984 | — | — | 14.60 ² | 43.80 ² | 94.00 ² |
| 1985 | — | — | 15.50 | 46.50 | 89.90 |
| 1986 | — | — | — | — | 66.10 |
| 1987 | — | — | 17.90 | 53.70 | 88.10 |
| 1988 | — | — | 24.80 | 74.40 | 72.40 |
| 1989 | — | — | 31.90 | 83.70 | 40.70 |
| 1990 | — | — | 28.60 | 85.80 | 59.60 |
| 1991 | 100 | — | 29.90 | 95.30 | 82.10 |
| 1992 | — | — | — | 89.80 | 129.80 |
| 1993 | — | — | 36.60 | 104.40 | 129.20 |
| 1994 | — | — | 41.10 | 82.50 | 111.10 |
| 1995 | — | — | 46.10 | 100.10 | 165.50 |
| 1996 | — | — | 42.50 | 127.30 | 167.70 |
| 1997 | — | — | 43.80 | 131.40 | 177.00 |
| 1998 | — | — | 43.80 | 132.00 | 150.40 |
| 1999 | — | — | 45.50 | 139.10 | 160.50 |
| 2000 | — | — | 45.50 | 138.30 | 196.70 |

¹ Beginning July 1973 for the disabled.

² Beginning in January for current and succeeding years.

³ Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance, beginning in April 1968.

⁴ Deductible raised to \$60 beginning 1973.

⁵ Home health services not subject to coinsurance, beginning July 1972.

⁶ Home health services are not subject to deductible.

⁷ Same as footnote 3, but only when physician accepts assignment.

⁸ Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.

July 2000

**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates
Calendar Years 1966 - 2000**

| Calendar Year | Annual Maximum Taxable Earnings | Contribution Rate ¹ | |
|------------------|--|----------------------------------|-------------------|
| | | Employees and employers, each | Self- employed |
| 1966 | \$6,600 | 0.35 | 0.35 |
| 1967 | 6,600 | 0.50 | 0.50 |
| 1968 | 7,800 | 0.60 | 0.60 |
| 1969 | 7,800 | 0.60 | 0.60 |
| 1970 | 7,800 | 0.60 | 0.60 |
| 1971 | 7,800 | 0.60 | 0.60 |
| 1972 | 9,000 | 0.60 | 0.60 |
| 1973 | 10,800 | 1.00 | 1.00 |
| 1974 | 13,200 | 0.90 | 0.90 |
| 1975 | 14,100 | 0.90 | 0.90 |
| 1976 | 15,300 | 0.90 | 0.90 |
| 1977 | 16,500 | 0.90 | 0.90 |
| 1978 | 17,700 | 1.00 | 1.00 |
| 1979 | 22,900 | 1.05 | 1.05 |
| 1980 | 25,900 | 1.05 | 1.05 |
| 1981 | 29,700 | 1.30 | 1.30 |
| 1982 | 32,400 | 1.30 | 1.30 |
| 1983 | 35,700 | 1.30 | 1.30 |
| 1984 | 37,800 | 1.30 | 2.60 |
| 1985 | 39,600 | 1.35 | 2.70 |
| 1986 | 42,000 | 1.45 | 2.90 |
| 1987 | 43,800 | 1.45 | 2.90 |
| 1988 | 45,000 | 1.45 | 2.90 |
| 1989 | 48,000 | 1.45 | 2.90 |
| 1990 | 51,300 | 1.45 | 2.90 |
| 1991 | 125,000 | 1.45 | 2.90 |
| 1992 | 130,200 | 1.45 | 2.90 |
| 1993 | 135,000 | 1.45 | 2.90 |
| 1994 and later | none ² | 1.45 | 2.90 |

¹ Percent of taxable earnings.

² The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

SOURCE: HCFA/OACT

July 2000

Title XIX
Federal Medical Assistance Percentages
Fiscal Years 1998 - 2001

| | 1998 | 1999 | 2000 | 2001 | | 1998 | 1999 | 2000 | 2001 |
|-----------------------|-------|-------|-------|-------|--------------------------|-------|-------|-------|-------|
| Alabama | 69.32 | 69.27 | 69.57 | 69.99 | Missouri | 60.68 | 60.24 | 60.51 | 61.03 |
| Alaska* | 59.80 | 59.80 | 59.80 | 56.04 | Montana | 70.56 | 71.73 | 72.30 | 73.04 |
| Arizona | 65.33 | 65.50 | 65.92 | 65.77 | Nebraska | 61.17 | 61.46 | 60.88 | 60.38 |
| Arkansas | 72.84 | 72.96 | 72.85 | 73.02 | Nevada | 50.00 | 50.00 | 50.00 | 50.36 |
| California | 51.23 | 51.55 | 51.67 | 51.25 | New Hampshire | 50.00 | 50.00 | 50.00 | 50.00 |
| Colorado | 51.97 | 50.59 | 50.00 | 50.00 | New Jersey | 50.00 | 50.00 | 50.00 | 50.00 |
| Connecticut | 50.00 | 50.00 | 50.00 | 50.00 | New Mexico | 72.61 | 72.98 | 73.32 | 73.80 |
| Delaware | 50.00 | 50.00 | 50.00 | 50.00 | New York | 50.00 | 50.00 | 50.00 | 50.00 |
| District of Columbia* | 70.00 | 70.00 | 70.00 | 70.00 | North Carolina | 63.09 | 63.07 | 62.49 | 62.47 |
| Florida | 55.65 | 55.82 | 56.52 | 56.62 | North Dakota | 70.43 | 69.94 | 70.42 | 69.99 |
| Georgia | 60.84 | 60.47 | 59.88 | 59.67 | Ohio | 58.14 | 58.26 | 58.67 | 59.03 |
| Hawaii | 50.00 | 50.00 | 51.01 | 53.85 | Oklahoma | 70.51 | 70.84 | 71.09 | 71.24 |
| Idaho | 69.59 | 69.85 | 70.15 | 70.76 | Oregon | 61.46 | 60.55 | 59.96 | 60.00 |
| Illinois | 50.00 | 50.00 | 50.00 | 50.00 | Pennsylvania | 53.39 | 53.77 | 53.82 | 53.62 |
| Indiana | 61.41 | 61.01 | 61.74 | 62.04 | Rhode Island | 53.17 | 54.05 | 53.77 | 53.79 |
| Iowa | 63.75 | 63.32 | 63.06 | 62.67 | South Carolina | 70.23 | 69.85 | 69.95 | 70.44 |
| Kansas | 59.71 | 60.05 | 60.03 | 59.85 | South Dakota | 67.75 | 68.16 | 68.72 | 68.31 |
| Kentucky | 70.37 | 70.53 | 70.55 | 70.39 | Tennessee | 63.36 | 63.09 | 63.10 | 63.79 |
| Louisiana | 70.03 | 70.37 | 70.32 | 70.53 | Texas | 62.28 | 62.45 | 61.36 | 60.57 |
| Maine | 66.04 | 66.40 | 66.22 | 66.12 | Utah | 72.58 | 71.78 | 71.55 | 71.44 |
| Maryland | 50.00 | 50.00 | 50.00 | 50.00 | Vermont | 62.18 | 61.97 | 62.24 | 62.40 |
| Massachusetts | 50.00 | 50.00 | 50.00 | 50.00 | Virginia | 51.49 | 51.60 | 51.67 | 51.85 |
| Michigan | 53.58 | 52.72 | 55.11 | 56.18 | Washington | 52.15 | 52.50 | 51.83 | 50.70 |
| Minnesota | 52.14 | 51.50 | 51.48 | 51.11 | West Virginia | 73.67 | 74.47 | 74.78 | 75.34 |
| Mississippi | 77.09 | 76.78 | 76.80 | 76.82 | Wisconsin | 58.84 | 58.85 | 58.78 | 59.29 |
| | | | | | Wyoming | 63.02 | 64.08 | 64.04 | 64.60 |
| | | | | | Territories ¹ | 50.00 | 50.00 | 50.00 | 50.00 |

¹ Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico and Virgin Islands. Subject to Federal CAP.

* Pursuant to Section 4725 of the Balanced Budget Act of 1997 (P.L. 105-33), the FMAP rate is 59.80 % for Alaska for fiscal years 1998 through 2000 only, and 70.00% for the District of Columbia for fiscal year 1998 and subsequent fiscal years.

SOURCE: HCFA/CMSO

July 2000

**Geographical Jurisdictions of HCFA Regional Office
Federal Medical Assistance Percentages
and Enhanced Federal Medical Assistance Percentages
Fiscal Year 2001**

| Region | FMAP | EFMAP ¹ | Region | FMA | EFMAP ¹ |
|--------------------------|------|--------------------|---------------------|-----|--------------------|
| I. Boston | | | II. New York | | |
| Connecticut | 50 | 65 | New Jersey | 50 | 65 |
| Maine | 66 | 76 | New York | 50 | 65 |
| Massachusetts | 50 | 65 | Puerto Rico | 50 | 65 |
| New Hampshire | 50 | 65 | Virgin Islands | 50 | 65 |
| Rhode Island | 54 | 68 | | | |
| Vermont | 62 | 74 | | | |
| | | | IV. Atlanta | | |
| III. Philadelphia | | | Alabama | 70 | 79 |
| Delaware | 50 | 65 | Florida | 57 | 70 |
| District of Columbia | 70 | 79 | Georgia | 60 | 72 |
| Maryland | 50 | 65 | Kentucky | 70 | 79 |
| Pennsylvania | 54 | 68 | Mississippi | 77 | 84 |
| Virginia | 52 | 66 | North Carolina | 62 | 74 |
| West Virginia | 75 | 83 | South Carolina | 70 | 79 |
| | | | Tennessee | 64 | 75 |
| V. Chicago | | | VI. Dallas | | |
| Illinois | 50 | 65 | Arkansas | 73 | 81 |
| Indiana | 62 | 73 | Louisiana | 71 | 79 |
| Michigan | 56 | 69 | New Mexico | 74 | 82 |
| Minnesota | 51 | 66 | Oklahoma | 71 | 80 |
| Ohio | 59 | 71 | Texas | 61 | 72 |
| Wisconsin | 59 | 72 | | | |
| VII. Kansas City | | | VIII. Denver | | |
| Iowa | 63 | 74 | Colorado | 50 | 65 |
| Kansas | 60 | 72 | Montana | 73 | 81 |
| Missouri | 61 | 73 | North Dakota | 70 | 79 |
| Nebraska | 60 | 72 | South Dakota | 68 | 78 |
| | | | Utah | 71 | 80 |
| IX. San Francisco | | | Wyoming | 65 | 75 |
| Arizona | 66 | 76 | | | |
| California | 51 | 66 | X. Seattle | | |
| Hawaii | 54 | 68 | Alaska | 56 | 69 |
| Nevada | 50 | 65 | Idaho | 71 | 80 |
| American Samoa | 50 | 65 | Oregon | 60 | 72 |
| Guam | 50 | 65 | Washington | 51 | 65 |
| N. Mariana Islands | 50 | 65 | | | |

For table display only, percentages are rounded to the nearest whole percent.

¹ The "Enhanced Federal Medical Assistance Percentages" are for use in the Children's Health Insurance Program under Title XXI of the Social Security Act, and for some or all of children's medical assistance under Title XIX sections 1905(u)(2) and (u)(3).

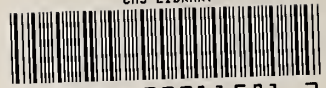
SOURCE: HCFA/CMSO

July 2000

Glossary of Acronyms for Data Source Attribution

| | |
|-------------|---|
| HCFA | Health Care Financing Administration |
| OIS | Office of Information Services |
| OFM | Office of Financial Management |
| OSP | Office of Strategic Planning |
| HCIS | HCFA Customer Information System |
| CHPP | Center for Health Plans and Providers |
| OACT | Office of the Actuary |
| CBS | Center for Beneficiary Services |
| OCOS | Office of Communications and Operations Support |
| CMSO | Center for Medicaid and State Operations |
| OL | Office of Legislation |
| OCSQ | Office of Clinical Standards and Quality |
| OCIS | Office of Internal Customer Support |
| HRSA | Health Resource and Statistics Administration |
| SSA | Social Security Administration |
| OACT | Office of the Actuary |
| ORS | Office of Research and Statistics |

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